

<b>Case Number:</b>	CM14-0132854		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/30/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 12/30/12 while employed by [REDACTED]. Diagnoses include cervical strain with radicular complaints. Report of 5/19/14 from the provider noted the patient with ongoing moderate neck, knee, and low back pain rated at 6-7/10 association with numbness in left arm with radiating pain that has decreased with therapy, but occasionally travel up to the neck and head. Exam showed patient ambulating with single point cane; cervical spine and knee tenderness; positive Spurling's; decreased sensory in left C6 and C8; decreased knee motion; positive Apley's compression testing bilaterally. Treatment noted acupuncture, functional capacity evaluation, and EMG/NCV of upper extremities. Follow-up on 7/14/14 noted unchanged symptom complaints. Exam was unchanged. EMG/NCS of 6/3/14 showed bilateral C6, C7 cervical radiculopathy. X-rays of left knee showed degenerative osteoarthritis from minimal narrowing of medial joint compartment and mild medial degeneration. Treatment requests included additional chiropractic care and FCE. The patient continued with unchanged restrictions. The request for functional capacity evaluation and chiropractic treatment; eight visits (2 x 4) were non-certified on 7/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure Summary; Guidelines for performing an FCE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7, Independent Medical Examinations and Consultations Page(s): 137-138.

**Decision rationale:** Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The patient continues to treat for ongoing significant symptoms with further plan for diagnostic and chiropractic care remaining partially disabled on modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is partially disabled. Therefore, the request for a Functional Capacity Evaluation is not medically necessary and appropriate.

**Chiropractic treatment, twice a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** This patient sustained an injury on 12/30/12 while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation and Chiropractic; eight visits (2 x 4). Diagnoses include cervical strain with radicular complaints. Report of 5/19/14 from the provider noted the patient with ongoing moderate neck, knee, and low back pain rated at 6-7/10 association with numbness in left arm with radiating pain that has decreased with therapy, but occasionally travel up to the neck and head. Exam showed patient ambulating with single point cane; cervical spine and knee tenderness; positive Spurling's; decreased sensory in left C6 and C8; decreased knee motion; positive Apley's compression testing bilaterally. Treatment noted acupuncture, functional capacity evaluation, and EMG/NCV of upper extremities. Follow-up on 7/14/14 noted unchanged symptom complaints. Exam was unchanged. EMG/NCS of 6/3/14 showed bilateral C6, C7 cervical radiculopathy. X-rays of left knee showed degenerative osteoarthritis from minimal narrowing of medial joint compartment and mild medial degeneration. Treatment requests included additional chiropractic care and FCE. The patient continued with unchanged restrictions. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have

been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractic; eight visits (2 x 4) is not medically necessary and appropriate.