

Case Number:	CM14-0142027		
Date Assigned:	09/10/2014	Date of Injury:	05/04/2011
Decision Date:	10/10/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The injured worker is a 32-year-old female who reported injuries due to continuous trauma on 05/04/2011. On 05/23/2014, her diagnoses included major depressive disorder, bilateral upper extremity overuse syndromes with carpal tunnel syndromes, toxic exposure, thoracolumbar sprain/strain, rule out lower extremity lumbar radiculopathy, chronic gastritis, polypharmacy, moderate to severe anxiety and depression, lupus, chronic cervical sprain/strain, and dermal irregular hypopigmentation. On 07/31/2014, her complaints included sharp neck pain which radiated into the bilateral upper extremities with numbness and tingling and into the bilateral legs with numbness. On 11/22/2013, it was noted that this injured worker had had a "plethora" of physical therapy sessions which had not truly helped her, and that physician was holding on any further physical therapy. There was a recommendation that because of the length of her case that she have a screening for a functional restoration program, as it has been shown that individuals such as this injured worker "who have had longstanding injury and dysfunction could be isolated outside of the norm when it comes to employment, etc". The desire was to get a Functional Capacity Evaluation and be able to start thinking of constructing a maximum medical improvement report after examining the orthopedic data from the orthopedic component of the Functional Capacity Evaluation. There was no rationale given for the requested acupuncture. A Request for Authorization dated 08/06/2014 was included in this injured worker's chart.

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 last updated 05/12/2010; functional capacity evaluations (FCEs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Computerized muscle testing

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The Official Disability Guidelines do not recommended computerized muscle testing for the upper extremities. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with the usual exercise equipment, and given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance, this would be an unneeded test. The guidelines do not support the use of this type of evaluation. Additionally, the body part or parts to have been tested were not included in the request. Therefore, this request for a Functional Capacity Evaluation is not medically necessary.

Physical therapy 2-3 x per week for 4 weeks, body part not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2 to 3 times per week for 4 weeks, body part not specified, is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines for myalgia and myositis, unspecified, allow for 10 visits over 8 weeks. The requested 2 to 3 visits for 4 weeks exceed the recommendations in the guidelines. Additionally, there were no body part or body parts to have been treated specified in the request. Therefore, this request for physical therapy 2 to 3 times per week for 4 weeks, body part not specified, is not medically necessary.

Acupuncture 1-2 x per week for 4 weeks, body part not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 1 to 2 times per week for 4 weeks, body part not specified, is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The requested 8 sessions of acupuncture exceed the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not included in the request. Therefore, this request for acupuncture 1 to 2 times per week for 4 weeks, body part not specified, is not medically necessary.