

Case Number:	CM14-0185381		
Date Assigned:	11/13/2014	Date of Injury:	07/03/2013
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 69 year-old male with the date of injury of 07/03/2013. The patient presents with pain in his left shoulder. He describes his pain as persistent and burning with cracking and popping. The patient rates his pain as 2/10 on the pain scale at rest. Per 09/09/2014 progress report, "the patients rates his overall improvement since the surgery as close to 60%." Bilaterally shoulder abduction is 170 degrees, internal rotation is 60 degrees and external rotation is 80 degrees, while right forward flexion is 170 degrees and left forward flexion is 60 degrees. SC joint tenderness, AC joint compression test, crossover test, Apprehension test are negative. Per 10/14/2014 progress report, the patient remains temporarily totally disabled. Diagnoses on 10/14/2014:1) Revision rotator cuff repair in May 20142) S/P left shoulder rotator cuff repair in 2008 by another surgeonThe utilization review determination being challenged is dated on 10/24/2014. Treatment reports were provided from 07/08/2014 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

Decision rationale: The patient presents pain in his left shoulder. The request is for Additional Physical Therapy 3 times a week for 6 weeks. Review of the reports suggests that the recent left shoulder surgery had occurred in May 2014, and current request for 8 sessions of therapy appears outside of post-surgical time-frame. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Even for post-operative therapy treatment, MTUS guidelines allow 24 visits over 14 weeks after rotator cuff surgery. In this case, review of the reports show that the patient has had at least 20 sessions of physical therapy as a postop treatment between 06/05/2014 and 10/22/2014. Although the previous physical therapy progress reports were provided, there were no indication of how physical therapy had helped patient in terms of pain reduction or functional improvement. There is no discussion regarding the patient's home exercise program. Furthermore, the current 18 sessions combined with at least 20 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.

Functional Captivity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, page 137-139.

Decision rationale: The patient presents pain in his left shoulder. The patient is s/p left shoulder surgeries in 2008 and 2014. The request is for functional captivity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5 (2) (B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines. It further states that the employer or claim administrator may request FCE or if the physician feels the information from such testing is crucial. In this case, the treater does not explain why FCE is crucial and the request is not generated by the administrator or the employer. Given the

lack of the guidelines support for functional captivity evaluation, the request is not medically necessary.