MAXIMUS Federal Services

Case Number:	CM14-0024938		
Date Assigned:	06/11/2014	Date of Injury:	06/29/2009
Decision Date:	09/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 41-year-old female with a reported date of injury on 06/29/2008. The mechanism of injury was noted to be from repetitive trauma. Her diagnoses were noted to include cervical sprain/strain, with musculoligamentous stretch injury with radiculopathy, and bilateral shoulder impingement syndrome. Her previous treatments were noted to include physical therapy, acupuncture, epidural steroid injections, and medication. The progress note dated 02/20/2014 revealed the injured worker appeared to have reached a plateau with regard to her response to treatments that were rendered to her according to the physician. The physical examination revealed palpable tenderness over the upper trapezius muscles, restricted range of motion, and positive orthopedic tests. The lumbar spine revealed palpable tenderness over the L3 through L5 spinous processes bilaterally, restricted range of motion, and positive orthopedic tests. The physical examination of the bilateral shoulders revealed palpable tenderness over the bilateral acromioclavicular joint, restricted range of motion, and positive orthopedic tests. The physical examination of the bilateral wrists revealed a restricted range of motion. The provider indicated the injured worker could return to modified work with restrictions. The request for authorization form was not submitted within the medical records. The request was for a work conditioning, 2 times per week for 4 to 6 weeks for the lumbar spine. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 2 X PER WEEK FOR 4 TO 6 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Work Conditioning.

Decision rationale: The request for work conditioning 2 times per week for 4 to 6 weeks for the lumbar spine is not medically necessary. The injured worker has had a functional capacity evaluation performed. The California Chronic Pain Medical Treatment Guidelines recommend 10 visits over 8 weeks for work conditioning. The Official Disability Guidelines state work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy, primarily for exercise training/supervision. Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting 2 to 3 times as long and, as with all physical therapy programs, work conditioning participation does not preclude concurrently from being at work. The guidelines recommend 8-10 visits over 8 weeks. The documentation provided did not indicate the previous number of physical therapy sessions with quantifiable objective functional improvements and the request for 8 to 12 sessions of work conditioning exceeds guideline recommendations. Therefore, the request is not medically necessary.

COMPUTERIZED ROM (RANGE OF MOTION) AND MUSCLE TESTING FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Flexibility.

Decision rationale: The request for a computerized range of motion and muscle testing for the lumbar spine is not medically necessary. The injured worker was noted to have decreased range of motion. The Official Disability Guidelines do not recommend flexibility as primary criteria, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The implications for clinical practice as it relates to disability, determine for patients with chronic low back pain, and perhaps for current impairment guidelines of the AMA. The value of sit and reach test as the indicator of previous back discomfort is questionable. The guidelines state an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, where the result of is of unclear therapeutic value. The

guidelines do not recommend computerized range of motion and recommend an inclinometer to measure range of motion. Therefore, the request is not medically necessary.