

Case Number:	CM14-0210101		
Date Assigned:	12/23/2014	Date of Injury:	10/16/2010
Decision Date:	02/17/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 58 year old male with an injury date of 10/16/10. Based on the 08/13/14 progress report, the patient has insomnia, headaches, nausea, anxiety disorder, carpal tunnel syndrome, depressive disorder, confusion, memory loss, gastric reflux, hypertensive disorder, and helicobacter pylori gastrointestinal tract infection. The 10/20/14 report indicates that the patient has a flare up of neck and back pain. No additional positive exam findings were provided on this report. The 12/02/14 report states that the patient has pain in his head, back, and ankles. With medications, he is able to obtain 90% pain relief. He reports of arthralgia's/joint pain and back pain. The patient's diagnoses include the following: Headache, Hypertensive disorder, Nausea, Helicobacter pylori gastrointestinal tract infection, Carpal tunnel syndrome, Anxiety disorder, Gastric reflux, Depressive disorder and Insomnia. The utilization review determination being challenged is dated 12/10/14. Treatment reports were provided from 12/05/13- 12/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

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

Decision rationale: The patient presents with insomnia, headaches, nausea, anxiety disorder, carpal tunnel syndrome, depressive disorder, confusion, memory loss, gastric reflux, hypertensive disorder, helicobacter pylori gastrointestinal tract infection, neck pain, back pain, and ankle pain. The request is for 12 Physical Therapy visits. The report with the request was not provided, nor is there any discussion provided regarding this request. MTUS pages 98 through 99 have the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Review of the reports provided does not indicate if the patient has had any recent physical therapy sessions or any recent surgery. The provider is requesting for a total of 12 sessions of therapy which exceeds what is allowed by MTUS Guidelines. Therefore, the requested 12 visits of physical therapy are not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) Chapter page 137, Functional Capacity Evaluation.

Decision rationale: The patient presents with insomnia, headaches, nausea, anxiety disorder, carpal tunnel syndrome, depressive disorder, confusion, memory loss, gastric reflux, hypertensive disorder, helicobacter pylori gastrointestinal tract infection, neck pain, back pain, and ankle pain. The request is for Functional Capacity Evaluation. The report with the request was not provided, nor is there any discussion provided regarding this request. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The report with the request was not provided nor is there any indication of the patient's work status. In this case, it is unknown if the request was from the employer or the provider. There are no discussions provided regarding the goals of a Functional Capacity Evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested Functional Capacity Evaluation is not medically necessary.

