

Case Number:	CM14-0215409		
Date Assigned:	01/05/2015	Date of Injury:	09/07/2013
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year-old male with an original date of injury on September 7, 2013. The mechanism of injury was going to the roof when part of the ceiling was lowered than the rest and the patient hit the top of his head on that. The industrially related diagnoses are contusion headache, cervical discopathy, cervical radiculitis, thoracic myofascitis, and lumbar myofascitis. An MRI of the head from November 1, 2013 documented there was mild maxillary sinusitis of bilateral maxillary sinuses, moderately severe nasal sinusitis, and mild nasal septum deviation to the right. A CT scan of the head on December 12, 2013 within normal limits. An MRI of the brain dated on January 17, 2014 showed extensive sinus disease and no other significant findings. The patient also has had the MRI of the cervical spine, however the report is not available. The patient has had treatment with massage and chiropractic care with some improvement. The patient has tried many oral medications including cyclobenzaprine, Tylenol, Synapryn, Terocin, Norco, naproxen, and a few others without help. The disputed issues are the request for functional capacity evaluation and physical therapy twice a week for three weeks to the cervical spine. A utilization review on November 26, 2014 has noncertified these requests. The rationale for denial of functional capacity evaluation is there is no information describing the functional capacity evaluation request is job specific with no information describing what activities will be utilized as they relate directly to the patient's normal and customary job duties. In addition, there is absent documentation supporting the use of functional capacity evaluation except in specific circumstances as well as lack of information to establish the medical necessity. Therefore, it is not certified. With regards to physical therapy

twice a week for three weeks to the cervical spine, the utilization review states within the documentation provided, there is no information describing the total number of previous physical therapy visits rendered as well as specific documentation describing clinical and signs of objective functional improvements as a result prior physical therapy. There is also no information of the patient being involved in active exercise program and absent information provided to describe the medical necessity for additional physical therapy of six sessions. Therefore, non-certification is recommended per guidelines.

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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132-139 and on the Non-MTUS Official Disability Guidelines (ODG), Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

Physical therapy 2xWk x 3 Wks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. An orthopedic progress note on July 15, 2014 indicated physical therapy three times a week for six weeks have been ordered for the patient for treatment of particular cervical pain. Within the submitted documentation, there is indication that patient has started physical therapy on July 21, 2014, however, it is unclear how many sessions the patient has had already. Furthermore, there is no documentation of subjective or functional improvement from the prior physical therapy sessions. Therefore, the request for six additional physical therapy sessions is not medically necessary.