

Case Number:	CM15-0117310		
Date Assigned:	06/25/2015	Date of Injury:	12/13/2013
Decision Date:	07/27/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/17/2015

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: Preventive Medicine, Occupational Medicine

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 71-year-old male, who sustained an industrial injury on December 13, 2013, incurring neck spine and shoulder injuries. He was diagnosed with cervical degenerative disc disease. Treatment included physical therapy, surgical interventions of the spine, home exercise program, pain management, anti-inflammatory drugs and work restrictions. He underwent an anterior cervical discectomy and fusion in June 2014 and a right shoulder arthroscopy with decompression in January 2015. Currently, the injured worker complained of right shoulder pain and stiffness. Decreased range of motion and weakness of the right shoulder was noted. The treatment plan that was requested for authorization included twelve sessions of physical therapy for the shoulder and Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, 2xWk x 6 Wks to the shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker attended 27 sessions of post-surgical physical therapy and should be well equipped to continue with a self-direct, home-based exercise program. Additionally, this request exceeds the recommendations of the guidelines. The request for 12 sessions of physical therapy, 2xWk x 6 Wks to the shoulder is determined to not be medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th annual edition) & ODH Treatment in Workers Comp (13th annual edition) 2015 Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance. 2) the worker has returned to work and an ergonomic assessment has not been arranged. In this case, there is no evidence that the case management is hampered in any way or that the injured worker has had failed attempts at returning to work. The request for Functional Capacity Evaluation is determined to not be medically necessary.