

Case Number:	CM15-0124903		
Date Assigned:	07/09/2015	Date of Injury:	03/19/2015
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 29 year old male, who sustained an industrial injury on 3/19/15. Initial complaints were falling 8 feet from a roof, found unconscious resulting upper and lower back and both knee pain. The injured worker was diagnosed as having thoracic muscle spasm; lumbar muscle spasm; right and left knee patellar tendonitis; rule out lumbar disc protrusion; rule out bilateral knee internal derangement. Treatment to date has included chiropractic therapy. Currently, the PR-2 notes dated 4/7/15 indicated the injured worker complains of lower back and loss of strength to his bilateral knees. Objective findings are documents as complains of intermittent to moderate thoracic spine with range of motion painful. The mid to low lumbar spine has frequent mild and becoming moderate pain. He complains of bilateral knee pain that is described as occasional and moderate. The treatment plan on this day was to get x-rays for the thoracic, lumbar and bilateral knees as well as chiropractic and physical therapy and back brace with a referral for an orthopedic consult. The PR-2 notes dated 6/9/15 are of a chiropractor's treatment and are of a form with subjective complaints of lumbar pain checked characterizing the pain as dull and severity as 6/10. On this date the chiropractic gave traction-mechanical, electrical stimulation and myofascial release in 1-2 regions. The provider also sends a more expansive note with the same date 6/9/15 noting complaints of thoracic, lumbar and bilateral knee pain. He documents tenderness to palpation of the thoracic paravertebral muscles with muscle spasms. The lumbar spine notes ranges of motion as painful with tenderness to palpation of the lumbar paravertebral muscles. The bilateral knees indicate tenderness to palpation of the anterior portion of the knee. The provider is requesting authorization of a functional capacity evaluation and shockwave therapy 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE; 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all key medical reports secured. b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.

6 sessions of shockwave therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shockwave therapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy. 2. Three conservative therapies prior to ESWT have been tried prior. 3. No contraindications to therapy. 4. Maximum of 3 therapy sessions over 3 weeks. The particular service is not recommended for the requested site per the ODG or the ACOEM. Review of the documentation does not supply information to contradict these recommendations and therefore the request is not medically necessary.