

<b>Case Number:</b>	CM15-0126795		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, 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 55-year-old male with an industrial injury dated 11/27/2012. The injured worker's diagnoses include myofascial sprain of lumbar spine, lumbar radiculopathy, status post lumbar laminotomy and discectomy, bilateral hip trochanteric bursitis, and right knee osteoarthritis. Treatment consisted of x-ray of the lumbar spine /pelvis/bilateral hips/ right knee, Magnetic Resonance Imaging (MRI) of lumbar spine, prescribed medications, physiotherapy and periodic follow up visits. In a progress note dated 05/15/2015, the injured worker reported low back and bilateral lower extremities pain. Objective findings revealed antalgic gait with cane, slight tenderness with no spasm at scar site, lumbar spine pain with range of motion, tenderness at the great trochanter, generalized swelling and positive effusion in the right knee, tenderness to palpitation in the right knee, popliteal right knee tenderness and pain with right knee range of motion. The treating physician prescribed services for work conditioning for 1 month, functional capacity evaluation, physical therapy for the low back and hip, quantity: 8 sessions now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning for 1 month:** 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, Work conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening programs Page(s): 125.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommends work conditioning/work hardening programs as an option, depending on the availability of quality programs. A list of 10 criteria must be satisfied in order to be admitted to a program (CPMT Guidelines page 125). In this case, several criteria have not been met, including a psychological evaluation and a Functional Capacity Evaluation. Therefore, this request is not medically necessary due to not meeting the established criteria.

**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 Chapter, Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter (FCE).

**Decision rationale:** The CA MTUS/ACOEM practice guidelines state a number of functional assessment tools are available, including functional capacity examinations (FCE) when reassessing function and functional recovery. The ODG do not recommend proceeding with FCE if the sole purpose is to determine the worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. In this case, there is no evidence of a previous failure of return to work to support the medical necessity of an FCE. The documentation submitted also does not describe in detail a specific occupation or job duties and whether or not the patient is musculoskeletally capable to perform such duties. The request is not medically necessary.

**Physical therapy for the low back and hip, quantity: 8 sessions:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Guidelines state that active physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, function and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment

process in order to maintain improvement levels. In this case, there is no documentation of a maintained increase in function or decrease in pain with previous courses of PT. No rationale is given for additional PT. There is also no documentation of performance of a home exercise program and rationale as to why this would be insufficient. Therefore, the request for additional PT is indeed not medically necessary.