

Case Number:	CM15-0048565		
Date Assigned:	03/20/2015	Date of Injury:	07/09/2012
Decision Date:	06/11/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: Physical Medicine & Rehabilitation

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 40 year old male, who sustained an industrial injury on 7/9/12. The injured worker was diagnosed as having headache, dizziness, open wound of the neck, degeneration of cervical intervertebral disc, lumbago, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included acupuncture, chiropractic treatment, physical therapy, and 2 local injections to the cervical spine which was not helpful. The injured worker also underwent a diagnostic and operative arthroscopy, partial lateral meniscectomy, extensive synovectomy with resection of an impinging medial synovial plica, and chondroplasty of the right knee on 2/24/15. On 03/22/2015, a recommendation was made for acupuncture treatment twice per week for 6 weeks to the postoperative right knee as well as an MRI of the cervical spine. A Request for Authorization form was then submitted on 03/11/2015. There was no recent physician progress note submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy may include initial and follow up evaluation 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 24-25.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. It was noted that the injured worker was status post partial lateral meniscectomy on 02/24/2015. Postsurgical treatment includes 12 visits over 12 weeks. The current request is for additional physical therapy; however, there was no documentation of the initial course of postoperative physical therapy with evidence of objective functional improvement to support the necessity for additional treatment. The request as submitted also failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

Functional Capacity Evaluation 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent medical Examinations and Consultations, Pages 132-139.

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, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. In this case, the injured worker was pending authorization for additional treatment for the postoperative right knee. There was no indication that this injured worker is close to reaching or has reached maximum medical improvement. There was also no evidence of any previous unsuccessful return to work attempts. As such, the current request is not medically necessary.

Work Hardening/Conditioning 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125 and 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: The California MTUS Guidelines recommend work conditioning and work hardening as an option, depending on the availability of quality programs. In this case, there was no documentation of a recent Functional Capacity Evaluation. There was no evidence of an

adequate and thorough evaluation, to include a behavioral assessment. There was no documentation of an adequate trial of physical or occupational therapy with an improvement followed by a plateau. The medical necessity has not been established in this case. As such, the request is not medically necessary.

Home Program for the Lumbar and Cervical Spine 2 x 3: 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); Head (updated 1/21/15), Multidisciplinary community rehabilitation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS Guidelines state exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. The specific type of home program was not provided. There was no recent physical examination provided for review documenting evidence of a functional deficit involving the lumbar and cervical spine. The medical necessity has not been established. Therefore, this request is not medically necessary.