

<b>Case Number:</b>	CM14-0140364		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year-old with a date of injury of 09/14/12. A progress report associated with the request for services, dated 07/16/14, identified subjective complaints of right thumb and neck pain. Objective findings included decreased range of motion of the cervical spine. Clicking was noted over the A1 pulley and decreased thumb opposition. Diagnoses included (paraphrased) right trigger thumb; osteoarthritis of the wrist; and cervical spine strain. Treatment had included injections and NSAIDs. A Utilization Review determination was rendered on 08/04/14 recommending non-certification of "Chiropractic care; amount and frequency/duration not specified and Referral for FCE evaluation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care; amount and frequency/duration not specified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they

recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. Manual manipulation is not recommended for peripheral joints; specifically the ankle & foot, carpal tunnel, forearm, wrist & hand, and knee. In this case, the therapy is for a location not recommended and without specification of the number of sessions. Therefore, there is no documented medical necessity for chiropractic therapy as requested.

**Referral for FCE evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for independent Medical Examination and Consultations regarding Referrals, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Guidelines state that a Functional Capacity Evaluation (FCE) may be necessary as part of a work hardening program where functional limitations preclude the ability to safely achieve current job demands that are at a medium to high level (not clerical/sedentary work). Chapter 5 of the ACOEM states that a clinician should specify what a patient is currently able and unable to do. Often this can be ascertained from the history, from questions about activities, and then extrapolating based on other patients with similar conditions. If unable to do this, then under some circumstances, this can be done through an FCE. The Official Disability Guidelines state that an FCE should be considered if a patient has undergone prior unsuccessful return to work attempts. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. In this case, the above criteria have not been met. The claimant has not reached maximum medical improvement. There have been no prior unsuccessful return-to-work attempts documented. There is no documentation of the need for a work-hardening program. Therefore, there is no documented medical necessity for a Functional Capacity Examination.