

Case Number:	CM14-0176062		
Date Assigned:	10/29/2014	Date of Injury:	11/01/2013
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 Emergency Medicine and is licensed to practice in California. 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:

The injured worker is a 42 year-old female, who sustained an injury on November 1, 2013. The mechanism of injury occurred from repetitive trauma. Diagnostics have included: September 10, 2014 goniometric measurements. Treatments have included: medications, physical therapy. The current diagnoses are: lumbar disc displacement, thoracic strain/sprain, shoulders tendonitis, plantar fasciitis, feet tendonitis. The stated purpose of the request for Work Conditioning / Hardening screening x 1 was to increase functional capacity. The request for Work Conditioning /Hardening screening x 1 was denied on October 2, 2014, citing a lack of documentation of persistent functional deficits. The stated purpose of the request for Work Hardening Conditioning Program x 10 visits: was to increase functional capacity. The request for Work Hardening / Conditioning Program x 10 visits was denied on October 2, 2014, citing a lack of documentation of persistent functional deficits. The stated purpose of the request for Psychosocial Factors Screening x 1 was to evaluate psychosocial barriers to recovery. The request for Psychosocial Factors Screening x 1 was denied on October 2, 2014, citing a lack of documentation of how psychological symptoms impact the injured worker's current function. The stated purpose of the request for Follow up visit with range of motion measurements and addressing ADL's was to assess functional improvement. The request for Follow up visit with range of motion measurements and addressing ADL's was modified for one visit with standard range of motion testing on October 2, 2014, citing a lack of documentation of the medical necessity for range of motion measurements beyond the standard goniometric measurements. The stated purpose of the request for Functional Capacity Evaluation was not noted. The request for Functional Capacity Evaluation was denied on October 2, 2014, citing a lack of documentation of persistent functional concerns. Per the report dated September 10, 2014, the treating physician noted complaints of pain to both shoulders, both ankles and feet,

thoracic and lumbar spine, along with numbness and tingling to the arms. Exam findings included thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning / Hardening screening x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

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

Decision rationale: The requested Work Conditioning / Hardening screening x 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker has pain to both shoulders, both ankles and feet, thoracic and lumbar spine, along with numbness and tingling to the arms. The treating physician has documented thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations, nor persistent functional deficits as the injured worker is reported as working full time without restrictions. The criteria noted above not having been met, Work Conditioning / Hardening screening x 1 is not medically necessary.

Psychosocial Factors Screening x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation/Treatment Page(s): 101-102.

Decision rationale: The requested Psychosocial Factors Screening x 1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Evaluation and Treatment, Pages 101-102 recommend psych evaluation and treatment for specifically-identified

chronic pain patients. The injured worker has pain to both shoulders, both ankles and feet, thoracic and lumbar spine, along with numbness and tingling to the arms. The treating physician has documented thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions. The treating physician has not documented specific details of psychological factors that are currently impacting her functionality. The criteria noted above not having been met, Psychosocial Factors Screening x 1 is not medically necessary.

Follow up visit with range of motion measurements and addressing ADL`s.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure summary last updated 09/29/2014 - Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility

Decision rationale: The requested Follow up visit with range of motion measurements and addressing ADL`s, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing "Not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent." and "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." The injured worker has pain to both shoulders, both ankles and feet, thoracic and lumbar spine, along with numbness and tingling to the arms. The treating physician has documented thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Follow up visit with range of motion measurements and addressing ADL`s is not medically necessary.

Work Hardening / Conditioning Program x 10 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

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

Decision rationale: The requested Work Hardening / Conditioning Program x 10 visits.: , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, Pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker has pain to both shoulders, both ankles and feet, thoracic and lumbar spine, along with numbness and tingling to the arms. The treating physician has documented thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, nor evaluation of possible psychological limitations, nor persistent functional deficits as the injured worker is reported as working full time without restrictions. The criteria noted above not having been met, Work Hardening / Conditioning Program x 10 visits.: is not medically necessary.

Functional Capacity Evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-90.

Decision rationale: The requested Functional Capacity Evaluation, is not medically necessary. American College of Occupational Medicine, (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 5, Cornerstones of Disability Prevention and Management, Reassessing Function and Functional Recovery, Page 89-90, note that there is little scientific evidence confirming FCE's ability to predict an individual's actual capacity to perform in the workplace, and are at least somewhat dependent on an evaluation of the employer's physical demand analysis. The injured worker has pain to both shoulders, both ankles and feet, thoracic and lumbar spine, along with numbness and tingling to the arms. The treating physician has documented thoraco-lumbar spasm and tenderness, positive Kemp test, positive bilateral supraspinatus testing, bilateral ankle tenderness and spasms to the plantar fascia. The treating physician also noted that the injured worker has completed 12 physical therapy sessions and has reached a plateau. The injured worker is reported as working full time without restrictions. The treating physician has not documented the presence of a current and job-specific employer physical demand analysis. The criteria noted above not having been met, Functional Capacity Evaluation is not medically necessary.