

Case Number:	CM14-0036979		
Date Assigned:	06/25/2014	Date of Injury:	02/13/2013
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with a date of injury of 02/13/2013. The listed diagnoses per [REDACTED] are: 1. Radial styloid tenosynovitis at the left wrist. 2. Tendinitis/bursitis of the left hand/wrist. 3. Metacarpal phalangeal sprain/strain of the left hand. According to progress report 03/26/2014 by [REDACTED], the patient presents with left wrist and hand constant moderate to severe pain. The patient describes the pain as sharp and throbbing and the pain is aggravated by overuse and bending backward. The patient is reporting numbness, radiating pain, and tingling extending into her fingers and left elbow. Examination of the wrist and hand revealed bilateral upper extremities were within normal limits. There was +4 spasm and tenderness to the left anterior risk, left thenar eminence, and left abductor pollicis brevis. Wrist range of motion was captured digitally by Acumar, which showed decreased range of motion. Bracelet and Finkelstein's tests were both positive. The physician is requesting a qualified functional capacity evaluation for the left wrist, work hardening screening, and follow-up visit. Utilization review denied the request on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening screening for left wrist, QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, page 125.

Decision rationale: The ACOEM and MTUS Guidelines do not discuss work hardening programs. ODG (Official Disability Guidelines) under low back has the same criteria for both work conditioning and work hardening programs. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT (physical therapy) with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. In this case, the physician is requesting an initial screening prior to determine if the patient is a candidate for the program. Therefore, Work hardening screening for left wrist, quantity: 1 is medically necessary.

Qualified functional capacity evaluation for the left wrist, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd edition, 2004, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS ACOEM, functional capacity evaluations: Chapter 7, pages 137, 139.

Decision rationale: ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. The physician appears to be asking for FCE for a routine evaluation which is not supported by the ACOEM. Therefore, the Qualified functional capacity evaluation for the left wrist, quantity: 1 is not medically necessary.

Follow-up visit with ROM (range of motion) measurements and addressing ADL's (Activities of Daily Living) for the left wrist, QTY: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter 7 Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Per ACOEM, Chapter 12, Low Back, Page 303, has the following regarding Follow-up Visits: Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. In this case, given the patient's continued pain, Follow-up visit with ROM (range of motion)

measurements and addressing ADL's (Activities of Daily Living) for the left wrist, quantity: 1 is medically necessary.