MAXIMUS Federal Services

Case Number:	CM14-0049877		
Date Assigned:	07/07/2014	Date of Injury:	03/30/2013
Decision Date:	09/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 patient is a 24-year-old female who has submitted a claim for Lumbar Disc Displacement with Myelopathy, Sciatica, Cervical Disc Herniation with Myelopathy, Tear of Medial Meniscus of Bilateral Knees, Chondromalacia Patella of Bilateral Knees, Rotator Cuff Syndrome of Bilateral Shoulders, Right Foot Tendinitis with Bursitis and Capsulitis, and Plantar Fasciitis of the Right Foot associated with an industrial injury date of March 30, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant moderate to severe stabbing lumbar spine pain. She also had frequent moderate achy and pulsating thoracic spine pain. She also complained of moderate bilateral shoulder pain described as soreness. She also had constant moderate to severe stabbing bilateral knee pain. She also complained of constant severe right ankle and foot pain described as pulling. She also had frequent moderate aching cervical spine pain. On physical examination of the cervical spine, there was spasm and tenderness noted on the paraspinal, suboccipital, and bilateral upper shoulder muscles. Axial compression, distraction, and shoulder depression tests were positive bilaterally. The bilateral brachioradialis reflexes were decreased. Thoracic spine exam revealed spasm and tenderness. Lumbar spine exam also revealed spasm and tenderness of the paraspinal, multifidus, and right piriformis muscle. Kemp's and Yeoman's tests were positive bilaterally. Straight leg raise and Braggard's tests were positive on the right. The right patellar and Achilles reflexes were decreased. Bilateral shoulder examination revealed spasm, tenderness, and positive Speeds and supraspinatus tests. Bilateral knee and right foot and ankle examination revealed spasm and tenderness and positive valgus and McMurray's tests. Treatment to date has included medications, physical therapy, acupuncture, and home exercise program.Utilization review from March 27, 2014 denied the request for 10 sessions of a work hardening program because the

request had been in error; and Functional capacity evaluation for the low back because guidelines recommend assessment of a patient through self-reporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of a work hardening program: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for admission to a work hardening program include: (1) work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; (2) after treatment with an adequate trial of physical therapy with improvement followed by plateau; (3)not a candidate where other treatments would be warranted; (4) a defined return to work goal; and (6) the program should be completed in 4 weeks. In this case, the patient was noted to have functional limitations and that she had adequate conservative therapy, which has plateaued. The patient was also not considered as a surgical candidate at this time. A defined return to work goal was also presented. The program was also to be completed in 4 weeks. The criteria were met. Therefore, the request for 10 sessions of a Work Hardening Program is medically necessary.

Functional capacity evaluation for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page: 127. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139.

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the records showed that a functional capacity evaluation was already done on February 12, 2014. A rationale was not provided as to why another FCE was needed.

There is no clear indication for repeat FCE at this time. Therefore, the request for Functional Capacity Evaluation for the Low Back is not medically necessary.