MAXIMUS Federal Services

Case Number:	CM14-0096593		
Date Assigned:	07/28/2014	Date of Injury:	03/09/2013
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 51 year old male with date of injury on 4/19/13, sustaining injuries at right knee, shoulder, arm, wrist and also mid back, as well as hearing loss. He complains of neck pain radiating into mid back right shoulder radiating down arm, improved about 50%. On 5/8/14, the treating physician states that: palpation of right shoulder muscle extends only to shoulder this radiated to right arm down to wrist. He had negative foraminal compression. Palpation of proximal forearm radiates pain to wrist median, ulnar nerves. Positive Phalens, reduced from above shoulder now extends below elbow. Restricted dorsal lumbar motion shows marked improvement. The cervical range of motion is noted flex 55, extension 45, lateral flex 40, lateral rotation right/left (R/L) 45/70. The injured worker is responding well to treatment. The treating physician found thoracic outlet syndrome reversed with treatment plan; given marked relief and show continue to produce improvement with restriction of neck to brachial plexus. The injured worker is working part time.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of work conditioning (2 times 2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder: Work Conditioning (WC), Physical Therapy Guidelines.

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

Decision rationale: Per MTUS guidelines, the criteria for admission to a work hardening program are as follows:Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. The program is recommended after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. The physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. A defined return to work goal agreed to by the employer and employee. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In this case, there is no documentation of progressive functional improvement followed by plateau (no documentation of objective measurements such as pain level, range of motion, strength level). There is no documentation of a screening process to predict the outcome. It is not clear as to how the injured worker would be able to benefit from this program as he is already working part time. Therefore, the medical necessity of the request is not established at this time.The request is not medically necessary according to the cited guidelines.

QFCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, functional capacity evaluation.

Decision rationale: As per CA MTUS/ACOEM guidelines, functional capacity evaluation is recommended when necessary to translate medical impairment into functional limitations and determine work capability. In this case, there is no documentation that indicates if the injured worker has had prior unsuccessful return to work attempts that the injured worker requires a modification for return to work. In fact, the medical records indicate that he is currently working part time. As per ODG guidelines, functional capacity evaluation is recommended prior to admission to a work hardening program, which is not medically necessary. Therefore, the request for functional capacity evaluation is not medically necessary.