

Case Number:	CM14-0198799		
Date Assigned:	12/09/2014	Date of Injury:	03/01/2014
Decision Date:	01/21/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 (IW) is a 49-year-old woman with a date of injury of March 1, 2012. The mechanism of injury is not documented in the medical record. The current diagnosis is status post left carpal tunnel release surgery on May 7, 2014. Pursuant to the progress note dated September 23, 2014, the IW presents for a follow-up of her left hand. The IW has undergone extensive physical therapy (PT) to her left hand. The provider reports that he is requesting 8 more visits for strengthening of the left hand. She works in the oil fields and has to do a lot of heavy gripping and turning up industrial sized wrenched. The IW reports that she is improving slowly on her own. Her pain is rated 3/10. She has no numbness and tingling. The PIP joints are less sore in her fingers, but the wrist remains sore to the volar aspect. Physical examination reveals a healed incision in the palm. She has no tenderness, and there is no swelling. She can make a full fist without triggering. She has intact sensibility. The treatment plan includes request for additional PT at 2 times a week for 4 weeks for work hardening of the left hand and wrist. The current request is for Work Conditioning Program, and Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program quantity 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines-Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Work Hardening Program

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work conditioning program #8 sessions is not medically necessary. The criteria for a work hardening program include, but are not limited to, work-related condition and functional limitations precluding ability to safely achieve current job demands, which are in the medium or high demand level; a defined return to work goal agreed to by employer and employee; a document the specific job to return to the job demands that exceed abilities or documented on-the-job training; the worker must be no more than two years past date of injury; workers that have not returned to work by two years post injury may not benefit; treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains; physical medicine guidelines for work conditioning 10 visits over eight weeks. See guidelines for additional details. In this case, the date of injury was March 1, 2012. The injured worker's working diagnoses is status post left carpal tunnel release May 7, 2014. The progress note dated September 23, 2014 states "we will request 24 visits of physical therapy for work hardening of the left hand and wrist". There is no documentation in the medical record supporting a formal work hardening program in the medical record. Additionally, the guidelines state the worker must be no more than two years past the date of injury. The injured worker sustained the injury March 1, 2012. The injured worker is approximately 2.5 years past the date of injury. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains. There is no demonstrated time frame in the request. Consequently, absent the appropriate documentation and the timeframe exceeding two years in length since the date of injury, work conditioning program #8 sessions is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 137-138

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 137

Decision rationale: Pursuant to the ACOEM practice guidelines, the functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For

these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the date of injury was March 1, 2012. The injured worker's working diagnosis is status post left carpal tunnel release May 7, 2014. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. These reasons, it is problematic to rely solely on functional capacity evaluation results for determination of current work capabilities and restrictions. The treating physician does not document whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. Consequently, absent the appropriate documentation and the timeframe exceeding two years in length since the date of injury, functional capacity evaluation is not medically necessary.