

Case Number:	CM15-0100561		
Date Assigned:	06/03/2015	Date of Injury:	08/05/2014
Decision Date:	07/01/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old female with an industrial injury dated 01/14/2015; cumulative trauma 08/05/2013-08/05/2014. The mechanism of injury is documented as hitting her head on a metal bar causing pain in her head, forehead and left shoulder. The impact to her head caused her to lose her footing and she fell injuring her left foot, ankle, lower extremities and back. Her diagnoses included cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, left ankle sprain/strain, rotator cuff sprain/strain of the left shoulder, tendinitis/bursitis of the hands/wrists, carpal tunnel syndrome, lateral epicondylitis of the elbows and tension headaches. Prior treatment included 6 sessions of conservative therapy for her hands, pain medication, and pain injection to bilateral elbows. She presented on 05/06/2015 with complaints of pain in lumbar spine, left shoulder, bilateral lower extremities, left ankle and foot, cervical spine, bilateral elbows and headache. Physical exam revealed spasm and tenderness on examination of the cervical spine with decreased and painful range of motion. Axial compression test was positive bilaterally. There was spasm and tenderness of the lumbar area, left shoulder, wrists and hands, left ankle and bilateral elbows. Treatment plan included a program of physical medicine for 6 visits with continuation dependent on functional improvement, medications, multi interferential stimulator one month rental, lumbosacral orthosis, functional improvement measure through a functional capacity evaluation and work hardening screening. The request is for functional capacity evaluation, lumbar support orthosis (Apollo LSO lumbosacral or equivalent) and work hardening therapy 3 times weekly for 2 weeks, 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening therapy, 3 times wkly for 2 wks, 6 visits: Overturned

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 hardening Page(s): 1251-26.

Decision rationale: The California chronic pain medical treatment guidelines section on work hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities; OR (b) Documented on-the-job training; (6) 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.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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 and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. Per the guidelines above, this type of program is not recommended for more than 1-2 weeks without evidence of significant gains. The request is within recommendations and therefore is medically necessary.

Lumbar Support Orthosis (Apollo LSO lumbosacral or equivalent): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), Back brace/ Lumbar supports.

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

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore criteria for use of lumbar support per the ACOEM have not been met and the request 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 CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 137-138; Official Disability Guidelines: Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate; a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.