

Case Number:	CM15-0107898		
Date Assigned:	06/12/2015	Date of Injury:	07/31/2009
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 67-year-old who has filed a claim for chronic shoulder, elbow, wrist, and forearm pain reportedly associated with an industrial injury of July 31, 2009. In a Utilization Review report dated May 18, 2015 the claims administrator failed to approve a request for a work capacity evaluation (AKA functional capacity evaluation) and work hardening. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination, and, furthermore, were mislabeled as originating from the MTUS. A May 5, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On March 24, 2015, the applicant reported ongoing complaints of hand, wrist, elbow, and shoulder pain. A rather proscriptive 5-pound lifting limitation was imposed. The applicant was apparently given elbow corticosteroid injection in the clinic. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On February 10, 2015, the applicant was again given an extremely proscriptive 5-pound lifting limitation. Once again, it was not explicitly stated whether the applicant was or was not working at this point. The applicant had received various work capacity evaluations over the course of the claim, including as early as August 12, 2010, it was noted. The applicant had received earlier left shoulder surgery on November 13, 2009, it was incidentally noted. On May 5, 2015, the applicant again reported ongoing complaints of shoulder pain with difficulty with overhead reaching activities. Significant diminished shoulder flexion and abduction were reported, in the 80- and 85-degree range. A work capacity evaluation was sought for the purpose of determining the applicant's work restrictions. It did not appear, however, that the applicant was working at this point in time, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines - Second Edition (2004) Foundation Chapters, Independent Medical Examinations and Consultations Pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: No, the request for a work capacity evaluation (AKA functional capacity evaluation) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and/or restrictions and to determine work capability, here, however, it did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation in place. The applicant, furthermore, appeared to have significant physical impairment involving the injured shoulder following earlier failed shoulder surgery. It did not appear that the functional capacity evaluation was likely to influence the applicant's need for ongoing limitations. It was not clearly stated or clearly established on the May 5, 2015 progress note at issue why a functional capacity testing (AKA work evaluation) was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support functional capacity testing as a precursor to enrollment in a work hardening program, here, the work hardening program was deemed not medically necessary, in question #2. The derivative or companion request for an associated work capacity evaluation was likewise not indicated. Therefore, the request was not medically necessary.

Work hardening sessions x10 visits (4 hour work hardening sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Similarly, the request for 10 sessions of work hardening was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants must be able to benefit from work hardening program before enrolling in the same. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants should participate in the screening process before participating in work hardening. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an applicant should not be more than two years removed from the date of injury and also notes that a defined return to work goal agreed upon by the employer and employee is a prerequisite for enrollment in work hardening. Here, however, it did not appear that the applicant was working as of the date of the request. It did not appear that the applicant had clearly defined return to work goal. The applicant was well over two years

removed from the date of injury as of the date of the request. The applicant had not completed a precursor screening evaluation. It did not appear, in short, that the applicant was an individual who could potentially benefit from the program in question. Therefore, the request was not medically necessary.