

<b>Case Number:</b>	CM15-0140729		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	01/29/2015
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62-year-old female, who sustained an industrial injury on 1-29-2015. She reported repetitive type injury to the hands, shoulders, and neck. Diagnoses include cervical spondylosis without myelopathy, carpal tunnel syndrome, tendinitis or bursitis of the hands and wrists, and bursitis and tendinitis of the shoulders. Treatments to date include wrist braces, activity modification, anti-inflammatory, and opioid. Currently, she complained of pressure in the neck, pain in bilateral shoulders, wrists, and hands. On 4-9-15, the physical examination documented tenderness in cervical muscles with muscle spasms noted and decreased range of motion. The shoulders were noted as tender with trigger points identified. The wrists were tender with decreased range of motion. There were multiple positive muscular diagnostic tests documented. The plan of care included physical therapy. The appeal requested authorization for a work conditioning-hardening screening evaluation, and ten work hardening-conditioning program sessions three times a week, an evaluation for a psychosocial factors screening, and follow up visit with range of motion testing and addressing activities of daily life, and surgical, orthopedic consultation for bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning/Hardening Screening x1 evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands, which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical, occupational therapy, or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work-conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, and what specific duties the patient is unable to perform. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.

**Work hardening/Conditioning program 10 visits at 3x weekly:** 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): 125-126.

**Decision rationale:** Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands, which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical, occupational therapy, or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work-conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, and what specific duties the patient is unable to perform. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.

**Psychosocial Factors Screening for 1 evaluation: Upheld**

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

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request psychosocial factors screening, ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."In the case of this injured worker, the rationale for a consultation for psychosocial screening is not appropriate because there is a lack of documentation of depression, anxiety, or any other psychiatric disorder. As such, this request is not medically necessary.

**Follow up visit, with range of motion and addressing ADLs surgical, orthopedic consultation for bilateral wrists: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation visit with orthopedics specialist, ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or

when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." In the case of this injured worker, the rationale for a consultation with orthopedic surgeon is not appropriate. Within the submitted documentation, the patient has a diagnosis of right carpal tunnel syndrome from working as a welder inspector. it is unclear if the patient has failed conservative treatment with medication, physical therapy, or acupuncture to warrant more specialized care. In addition, the patient also has a pending MRI study that has not been completed yet. Therefore, this request is not medically necessary.