MAXIMUS Federal Services

Case Number:	CM15-0141619		
Date Assigned:	07/31/2015	Date of Injury:	03/13/2014
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 injured worker is a 45 year old male who sustained an industrial injury on 3-13-14. The diagnoses have included right biceps tendon disorder and right rotator cuff tear, neck strain and low back strain. Imaging studies included right shoulder X-rays on 6-23-14 which showed no significant acute abnormality and magnetic resonance imaging (MRI) of the right shoulder on 7-14-14 which showed full thickness tear subscapularis tendon at approximately 1.0 centimeter retraction and dislocated long head of the biceps tendon. Comorbid conditions include obesity (BMI 31.3). Treatment to date has included right shoulder surgery (arthroscopy and arm biceps tenodesis long head on 10-27-14), cortisone injections, chiropractic therapy, physical therapy, home exercise program and medication. The provider's progress note dated 6-11-15 reported the injured worker complained of continued low back pain and right shoulder pain. Physical therapy has helped the shoulder but there is still weakness on abduction. On exam there was tenderness over lower back and sacroiliac joints with spasms, restricted lumbar range of motion, positive Fabere's test and normal motor, reflex and sensory exams of the lower extremities. The request was for unknown low level work conditioning sessions and Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown low level work conditioning sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning/work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines-Work Conditioning.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 1 pg 5, 11, 15-6; Chp 3 pg 48; Chp 5 pg 77, 92; Chp 12 pg 302-3, Chronic Pain Treatment Guidelines Work Hardening Page(s): 125-6.

Decision rationale: The ACOEM guidelines suggest work hardening training after prolonged inactivity and for reconditioning after absence from work in order to prevent re-injury. Furthermore, the data suggests the longer the individual is off work the less effective this training becomes. For this patient, the industrial injuries have been such that he has not been able to return to his usual work and has been off work for over one year. He wants to return to the workforce and be trained in a less labor intensive job. In light of this, work hardening training makes sense and would be indicated to expedite returning this individual to the workforce. Therefore the request is medically necessary.

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty: Functional Capacity Evaluation (FCE). (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 1 pg 4-5, 12; Chp 2 pg 21-2; Chp 5 pg 77, 80-2, 85. Decision based on Non-MTUS Citation Hart DL, Isernhagen SJ, Matheson LN. Guidelines for Functional Capacity Evaluations of People with Medical Conditions. J Orthop Sports Phys Ther. 1993; 18: 682/686.

Decision rationale: Functional Capacity Evaluations (FCE) are a set of tests, practices and observations that are combined to determine the ability of an individual to function in a given set of work-related duties. It gives a more precise delineation of a patient's capabilities then can be determined from a routine exam. Thus, it more closely reflects the true functional abilities of an individual as they relate to job demands. The most recent evaluation of this patient by his orthopedist suggests the patient should be able to do some work. However, the provider did not define the patient's specific limitations and noted that the patient will require further intervention. A FCE will best define the patient's work abilities to allow training and transition to a less labor-intense job and more quickly return the patient to the workforce. The request for this evaluation is medically necessary and has been established.