

Case Number:	CM15-0207200		
Date Assigned:	10/26/2015	Date of Injury:	10/22/2014
Decision Date:	12/07/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 39 year old male who sustained an industrial injury on 10-22-14. A review of the medical records indicates he is undergoing treatment for fracture of the tibia and fibula of the left leg, cruciate ligament sprain of the left knee, and left ankle sprain and strain. Medical records (9-3-15) indicate complaints of "constant slight to moderate" pain in the left leg that is described as "aching and throbbing". He has complaints of "occasional slight to moderate" pain in the left knee, describing it as "sharp", "frequent slight to moderate" pain in the left shin, describing it as "dull", and "frequent moderate" pain in the left ankle and foot, describing it as "sharp". The objective findings reveal "+2" spasm and tenderness to the left anterior joint line, left prepatellar tendon, and shin of the left knee. "+3" spasm and tenderness is noted to the left lateral malleolus of the ankle-foot. The A-P drawer test is positive bilaterally. Diagnostic studies have included MRIs of the left ankle and left tibia and fibula, as well as a CT scan of the left lower leg. He was evaluated for "functional improvement only" through use of "goniometer or digital protractor" on 8-17-15. Treatment has included 18 sessions of acupuncture. The treatment recommendation includes 10 sessions of work hardening and conditioning and a functional improvement measure through a functional capacity evaluation. The utilization review (9-11-15) includes a request for authorization of work hardening evaluation and treatment x 10 sessions and a functional capacity evaluation. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening evaluation and treatment, 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work conditioning, Work hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening evaluation and treatment 10 sessions is not medically necessary. Work hardening is recommended as an option for treatment of chronic pain syndromes, depending on the availability of quality programs. Work hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. The criteria include screening documentation, diagnostic interview with a mental health provider, job demands, functional capacity evaluation, previous physical therapy, rule out surgery, other contraindications, or return to work plan, drug problems, program documentation, further mental health evaluation, supervision, a trial (not longer than one - two weeks without evidence of compliance and demonstrated significant gains - objective and subjective), currently working (worker must be no more than two years past date of injury), program timelines and repetition. In this case, the injured worker's working diagnoses are fractured tibia and fibula left leg; cruciate ligament sprain left knee; and left ankle sprain strain. Date of injury is October 22, 2014. Request for authorization is September 8, 2015. The documentation shows the injured worker underwent a functional capacity evaluation on May 20, 2015. The completed report is in the medical record. According to a September 3, 2015 progress note, the injured worker completed 18 sessions of acupuncture for the plateau. There is no documentation of physical therapy in the medical record. Subjective complaints include left leg, knee, shin and foot pain. Objectively, there was 2+ spasm and tenderness at the left anterior joint line, left pre-patella tendon and shin. There was 3+ spasm and tenderness at the left lateral malleolus. The criteria for a work hardening program includes previous physical therapy, a diagnostic interview with a mental health provider, job demands and a return to work plan. There is no documentation of previous physical therapy and there is no documentation of a diagnostic interview with a mental health provider. Based on the clinical information in the medical record, peer-reviewed evidence based guidelines, no documentation of prior physical therapy and no documentation of a diagnostic interview with a mental health provider, work hardening evaluation and treatment 10 sessions is not medically necessary.

FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Fitness for Duty Chapter: Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work-Relatedness, Work Activities.

Decision rationale: Pursuant to the ACOEM, 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 the employer about the examinee's abilities and limitations. The physician should state whether 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 to 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. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria for functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are fractured tibia and fibula left leg; cruciate ligament sprain left knee; and left ankle sprain strain. Date of injury is October 22, 2014. Request for authorization is September 8, 2015. The documentation shows the injured worker underwent a functional capacity evaluation on May 20, 2015. The completed report is in the medical record. According to a September 3, 2015 progress note, the injured worker completed 18 sessions of acupuncture for the plateau. There is no documentation of physical therapy in the medical record. Subjective complaints include left leg, knee, shin and foot pain. Objectively, there was 2+ spasm and tenderness at the left anterior joint line, left pre-patella tendon and shin. There was 3+ spasm and tenderness at the left lateral malleolus. As noted above, the documentation shows a functional capacity evaluation was performed May 20, 2015. There is no clinical indication or rationale for repeating a functional capacity evaluation. There is no documentation of unsuccessful return to work attempts. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating a functional capacity evaluation was already performed May 20, 2015 and no clinical indication or rationale for repeating a functional capacity evaluation, functional capacity evaluation is not medically necessary.