MAXIMUS Federal Services

Case Number:	CM15-0024716		
Date Assigned:	02/17/2015	Date of Injury:	06/04/2014
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 June 4, 2014. The diagnoses have included cervical spondylosis without myelopathy, lumbar spondylosis without myelopathy, bursitis and tendinitis of the shoulders, carpal tunnel syndrome and tendinitis/bursitis of the hands and wrists. Treatment to date has included medication, chiropractic therapy, physical therapy and acupuncture therapy. Currently, the injured worker complains of moderate pain in the cervical and lumbar spine and the bilateral shoulders, wrists and hands. The injured worker was unable to life heavy items and could barely bend over. He reported that dressing and walking caused pain. On examination, he had 3+ spasm and tenderness of the bilateral paraspinal muscles and bilateral suboccipital muscles. The cervical range of motion was 55 degrees of flexion and 45 degrees of extension and 40 degrees of left bending. The axial compression test was negative bilaterally and the reflexes of the right biceps were decreased. The thoracic spine had a +3 spasm and tenderness to the bilateral paraspinal muscles and the rib compression test was negative. The lumbar spine had +3 spasm and tenderness to the bilateral lumbar paraspinal muscles. On January 12, 2015 Utilization Review non-certified a request for qualified functional capacity evaluation, work hardening/conditioning three times per week #10, work conditioning/hardening screening and psychosocial factor screening, noting that there is no documentation that case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions or fitness for modified job, injuries that require detailed exploration of a worker's abilities and the injured worker is close to or at maximum medication improvement; noting that

the medical records do not document that the injured worker is not a candidate for surgery or that other treatments would clearly be warranted to improve function, or documentation that physical and medical recovery is sufficient to allow for progressive reactivation and participating for a minimum of four hours a day for three to five days a week; and noting that there is no documentation of psychological pathology by the evaluating physician. The California Medical Treatment Utilization Schedule and Official Disability Guidelines were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of qualified functional capacity evaluation, work hardening/conditioning three times per week #10, work conditioning/hardening screening and psychosocial factor screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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- Fitness of Duty ACOEM Chapter 7 Medical Examinations and Consultation pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: This patient presents with neck pain, back pain, bilateral wrist/shoulder/hand pain. The treater has asked for QUALIFIED FUNCTIONAL CAPACITY EVALUATION on 12/30/14. Review of reports from 8/14/14 to 12/30/14 shows minimal improvement, and 5 prior physical therapy sessions did not help per 12/30/14 report. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. The patient is currently working on modified duty. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. There is no description of the job to determine why the physical demands would be potentially unsafe and how information from FCE is crucial for the patient's return to work. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.

Work hardening/conditioning 3 times weekly QTY 10: Upheld

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

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

Decision rationale: This patient presents with neck pain, back pain, bilateral wrist/shoulder/hand pain. The treater has asked for WORK HARDENING/CONDITIONING 3 TIMES WEEKLY QTY: 10 on 12/30/14. Review of reports from 8/14/14 to 12/30/14 shows minimal improvement, and 5 prior physical therapy sessions did not help per 12/30/14 report. The patient "has reached a plateau in his recovery with physical therapy, manual therapy, and acupuncture therapy" per 12/30/14 report. Regarding Work Hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if 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, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if Work Hardening Programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. ODG guidelines allow 10 visits over 8 weeks. The patient was released to work with no restrictions per 12/30/14 report. In this case, the treater appears to be asking for work hardening to extend therapy. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. According to the criteria listed in MTUS guidelines, the requested work hardening sessions are not indicated for patient's condition at this time. The request IS NOT medically necessary.

Work conditioning/hardening screening: Upheld

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

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

Decision rationale: This patient presents with neck pain, back pain, bilateral wrist/shoulder/hand pain. The treater has asked for WORK CONDITIONING/HARDENING SCREEN on 12/30/14. Review of reports from 8/14/14 to 12/30/14 shows minimal improvement, and 5 prior physical therapy sessions did not help per 12/30/14 report. Regarding Work Hardening, MTUS recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if 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, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if Work Hardening Programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. ODG guidelines allow 10 visits over 8 weeks. The patient was released to work with no restrictions per 12/30/14 report. In this case, the treater is requesting work hardening screen. The patient is not a candidate for surgery, and is motivated to return to his former employment as a welder. However, the patient has not had improvement from his prior physical therapy and has plateaued. Since the requested work hardening does not appear indicated for the patient, the requested work hardening screen is also NOT medically necessary.

Psychosocial factor screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, Evaluation of Psychosocial Factors Page(s): 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter. Psychological Evaluations.

Decision rationale: This patient presents with neck pain, back pain, bilateral wrist/shoulder/hand pain. The treater has asked for PSYCHOLOGICAL FACTOR SCREENING on 12/30/14 "since the patient has shown problems beyond the anticipated time of healing to evaluate psychosocial barriers to recovery." Regarding psychological evaluations, ODG pain chapter recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation, or prior to specified interventions (e.g., lumbar spine fusion, spinal cord stimulator, implantable drug-delivery systems). The patient was released to work with no restrictions per 12/30/14 report. In this case, the patient has had a work injury 6 months ago. The treater is concerned about delayed recovery and the guidelines support psychological evaluation and cognitive behavioral treatments for chronic pain. The request IS medically necessary.