

<b>Case Number:</b>	CM15-0030977		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 50 year old male, who sustained an industrial injury on 08/02/2014. He has reported right elbow, wrist, and hand pain. The diagnoses have included medial and lateral epicondylitis of the right elbow; and right carpal sprain/strain. Treatment to date has included medications, acupuncture, and physical therapy. Medications have included topical compounded creams. A progress note from the treating physician, dated 01/28/2015, documented a follow-up visit with the injured worker. The injured worker reported intermittent moderate pain in the right elbow, right wrist, and right hand; and pain is described as burning. Objective findings included tenderness to palpation with +3 spasms to the right lateral and medial epicondyles, right anterior wrist, and right posterior extensor tendons. The treatment plan has included requests for work hardening evaluation, work hardening program, functional capacity evaluation, and psychosocial factors screening evaluation. On 02/13/2015 Utilization Review noncertified 1 prescription for Work Hardening Evaluation; Work Hardening Program of 3 X A Week For 10 Visits; Qualified Functional Capacity Evaluation; and Psychosocial Factors Screening Evaluation. The MTUS, ACOEM and the ODG were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a Work Hardening Evaluation; Work Hardening Program of 3 X A Week For 10 Visits; Qualified Functional Capacity Evaluation; and Psychosocial Factors Screening Evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening Evaluation: Upheld**

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

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

**Decision rationale:** This patient presents with right elbow pain. MRI dated 2/12/15 showed tendinitis. The current request is for WORK HARDENING EVALUATION. MTUS guidelines pg 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program". This patient was released to work with work restrictions on 3/28/15. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. The patient is already working which would obviate the need for a work hardening program. Given the patient does not meet the criteria for a work hardening program, the requested evaluation IS NOT medically necessary.

**Work Hardening Program of 3 X A Week For 10 Visits: Upheld**

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

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

**Decision rationale:** This patient presents with right elbow pain. MRI dated 2/12/15 showed tendinitis. The current request is for WORK HARDENING PROGRAM OF 3X A WEEK FOR 10 VISITS. MTUS guidelines pg 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program". This patient was released to work with work restrictions on 3/28/15. In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. The patient is already working

which would obviate the need for a work hardening program. The requested work hardening program IS NOT medically necessary.

**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 ACOEM, FCEs page 138 Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** This patient presents with right elbow pain. MRI dated 2/12/15 showed tendinitis. The current request is for QUALIFIED FUNCTIONAL CAPACITY EVALUATION. ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations". The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace". ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician is request a FCE to determine patient's ability to work and perform ADL's. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity. In this case, the patient has already return to work with 15 pound lifting restriction, and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.

**Psychosocial Factors Screening Evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 states that "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. 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". The treating physician recommends a psychosocial factors screen as the patient "has shown problems beyond the anticipated time of healing". In this case, there are no discussions regarding psychosocial issues with this patient. This patient has a date of injury of 8/2/14 and is near permanent stationary status and has returned to work. This request IS NOT medically necessary.