

<b>Case Number:</b>	CM15-0037911		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 40-year-old male, who sustained an industrial injury on September 15, 2014. He has reported multiple body parts strains with pain in the thoracic and lumbar spine, right shoulder, right wrist and hands, bilateral knees, ankles and feet and a sleep disorder. The diagnoses have included cervical, thoracic and lumbar spine spondylosis without myelopathy, bursitis and tendinitis of the shoulder, right hand and wrist, carpal tunnel syndrome of the right wrist, chondromalacia patella of the bilateral knees, plantar fasciitis and sleep disorder. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of pain in the thoracic and lumbar spine, right shoulder, right wrist and hands, bilateral knees, ankles and feet and a sleep disorder. The injured worker reported an industrial injury in 2014, resulting in the above noted chronic pain. He has been treated conservatively without resolution of the pain. Evaluation on January 22, 2015, revealed continued pain. Chiropractic care, a functional capacity evaluation, work conditioning/hardening evaluation, psychosocial factor screening, magnetic resonance imaging of the bilateral knees and cervical spine and activity of daily living evaluation were requested. Evaluation on February 3, 2015, revealed continued pain. It was noted he was not a surgical candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 48-49, 308-310, 181-185.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Funonal Capacity Evaluation Page(s): 48.

**Decision rationale:** The CA MTUS states that a functional capacity evaluation (FCE) is recommended under certain specific circumstances. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and or activities of daily living, self-report of disability, objective measures of the patient's functional performance and physical impairments. The guidelines necessitate documentation indicating case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reports on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, and clarification of all additional/secondary conditions in order to recommend an FCE. In this case, there is no documentation that any of the above conditions that are required to complete an FCE are present. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Work Conditioning/Hardening Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Work Conditioning (Work Hardening).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

**Decision rationale:** CA MTUS states that work conditioning/work hardening programs are outpatient medical rehabilitation programs. Criteria for admission are as follows: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. (2) After treatment with an adequate trial of physical or occupational therapy with improvement, followed by plateau. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) 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. (5) A defined return to work goal agreed to by the employer & employee. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). (7) The worker must be no more than 2 years past date of injury. (8) Work Hardening Programs should be completed in 4 weeks consecutively, or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work

conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. In this case, the medical records that have been provided have not established medical necessity for work conditioning, as the above criteria have not been met. The patient is likely to benefit from continued physical therapy. The requested evaluation is not medically necessary.

**Psychosocial Factors Screening Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 105-127.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychological evaluation.

**Decision rationale:** According to the ODG, psychological evaluations are generally accepted, well-established, diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. In this case, the documentation provided has not established medical necessity to justify a psychological evaluation. The requested screening evaluation is not medically necessary.

**MRI 3D right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the knee.

**Decision rationale:** According to the ODG, soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for an MRI of the knee include, acute trauma to the knee, or if there is suspicion of posterior knee dislocation or ligament or cartilage disruption, and non-traumatic knee pain, non-tumor, or nonlocalized pain. In addition, an MRI is indicated if initial anteroposterior and lateral radiographs are non-diagnostic (demonstrate normal findings or a joint effusion), or if internal derangement is suspected. Repeat MRIs are indicated if needed to assess post-surgical knee cartilage repair tissue. In this case, there has been documented functional improvement with physical therapy (PT). Therefore, there is no indication for an MRI. In addition, there is no indication for a specialized (3D) MRI. Medical necessity for the requested service has not been established. The requested MRI 3D right knee is not medically necessary.

**MRI 3D left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the knee.

**Decision rationale:** According to the ODG, soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for an MRI of the knee include, acute trauma to the knee, or if there is suspicion of posterior knee dislocation or ligament or cartilage disruption, and non-traumatic knee pain, non-tumor, or nonlocalized pain. In addition, an MRI is indicated if initial anteroposterior and lateral radiographs are non-diagnostic (demonstrate normal findings or a joint effusion), or if internal derangement is suspected. Repeat MRIs are indicated if needed to assess post-surgical knee cartilage repair tissue. In this case, there has been documented functional improvement with 9 completed sessions of physical therapy (PT). Therefore, there is no indication for an MRI. In addition, there is no indication for a specialized (3D) MRI. Medical necessity for the requested service has not been established. The requested MRI 3D left knee is not medically necessary.

**MRI 3D cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

**Decision rationale:** According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per the ODG, an MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. In this case, the documentation indicates that the patient has had functional improvement in his neck from 9 completed sessions of physical therapy. There are no new neurologic findings on physical exam to warrant an MRI study. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Follow up with range of motion and activities of daily living (ADL) measurements:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Worker's Compensation, 7th Edition, current year (2009) On-Line Low Back Chapter (Updated 8/21112), Flexibility.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ROM, Flexibility.

**Decision rationale:** Medical evidence-based guidelines do not support the use of this testing modality above and beyond the results of a physical exam. Medical necessity for the requested computerized range of motion movements has not been established. The requested service is not medically necessary.