

Case Number:	CM15-0057166		
Date Assigned:	04/02/2015	Date of Injury:	09/30/2013
Decision Date:	05/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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 34 year old female who sustained an industrial injury on 09/30/13. Initial complaints include right knee pain. Initial diagnoses are not available. Treatments to date include medication and physical therapy. Diagnostic studies are not addressed. Current complaints include right knee pain. In a progress note dated 02/13/15 the treating provider reports the plan of care as additional physical therapy, a 3D MRI of the left knee, a Functional Improvement Measure through a Functional Capacity Evaluation, Psychosocial Factors Screen, and a Work Hardening Screening. The requested treatments are Psychological Factors Screening, a Functional Capacity Evaluation, and a Work Hardening/Conditioning evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening (One Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Submitted reports have no clearly defined psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this chronic injury. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Psychosocial Factors Screening (One Evaluation) is not medically necessary and appropriate.

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 for Duty chapter; CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Qualified Functional Capacity Evaluation is not medically necessary and appropriate.

Work Conditioning/ Hardening Screening (One Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter and Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, pages 125-126.

Decision rationale: Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for multiple evaluation including psychological assessment. Additionally, work conditioning is generally not a

consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker is without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Work Conditioning/ Hardening Screening (One Evaluation) is not medically necessary and appropriate.