

Case Number:	CM15-0057337		
Date Assigned:	04/02/2015	Date of Injury:	01/12/2013
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
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 42-year-old female, who sustained an industrial injury on 1/12/2013. She reported injury due to a motor vehicle accident. The injured worker was diagnosed as having cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement with myelopathy, carpal sprain/strain of bilateral wrists, tear of medial meniscus of bilateral knees, bursitis of bilateral knees, and tendinitis/bursitis of bilateral hips. Treatment to date has included medications, x-rays, physical therapy, and right knee surgery. On 2/2/2015, she has continued complaint of pain of the neck, thoracic spine, low back, knees, head, both wrists and hands, and both hips. The records indicate she reported pain as a 9/10 on pain scale prior to the right knee surgery, and now reports it as 4/10. The treatment plan included: request for left knee surgery, topical compound medications, Omeprazole, and a pain management consultation. The request is for qualified functional capacity evaluation, follow-up visit with range of motion and addressing activities of daily living, and work hardening/conditioning program.

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 American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 137-138.

Decision rationale: It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, and modified activities/rest. 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 with current request for work hardening. 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 Hardening/Conditioning Program, 10 visits, 3 times weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Flexibility.

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

Decision rationale: The patient has received a significant amount of conservative treatment including therapy for this chronic injury. There are no documented limitations in current ADLs or specific clinical findings identifying deficits to be addressed nor has previous treatment rendered functional improvement. Current medical status remains unchanged and there is no medical report to address any specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. Medical necessity for Work hardening program has not been established as guidelines criteria include functional limitations precluding ability to safely achieve current job demands; plateaued condition unlikely to benefit from continued physical, occupational therapy, or general conditioning; patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; 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; identified defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities; and the worker must be no more than 2 years past date of injury as no benefit has been shown if the patient has not returned to some form of work; none demonstrated here. Additionally, 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. 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. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to some form of modified work. In fact, the patient was noted to be working full duties without restrictions or limitations. There are also no documented limitations in current ADLs or specific clinical findings except for generalized pain and tenderness without consistent dermatomal or myotomal deficits to address specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. The Work Hardening/Conditioning Program, 10 visits, 3 times weekly is not medically necessary and appropriate.

Follow-Up visit with Range of Motion and addressing activities of daily living: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Follow-Up visit with Range of Motion and addressing activities of daily living is not medically necessary and appropriate.