MAXIMUS Federal Services

Case Number:	CM15-0062460		
Date Assigned:	04/08/2015	Date of Injury:	10/14/2014
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old male sustained an industrial injury on 10/14/14. He subsequently reported low back and right ankle pain. Diagnoses include lumbar strain and right ankle sprain. Treatments to date have included MRIs, modified work duty, chiropractic care, physical therapy and prescription pain medications. The injured worker is now being considered for a work hardening program. A request for Work Hardening Sessions, 10 sessions (4-hr sessions) and Work Capacity Evaluation was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Sessions, 10 sessions (4-hr sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter; Work Conditioning (WC) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Work Hardening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening 10 sessions (4 hour sessions) is not medically necessary. Work hardening/conditioning is recommended as an option for treatment of chronic pain syndromes depending upon availability of quality programs. The criteria for admission to a work hardening program include, but are not limited to, screening documentation; diagnostic interview with a mental health provider; job demands; functional capacity evaluations; previous physical therapy; rule out surgery; other contraindications; a return to work plan; drug problems; program documentation; supervision; a trial (of no longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains; concurrently working; etc. In this case, the injured worker's working diagnoses are lumbar sprain/strain; ankle sprain right; and right ankle contusion. Based on the documentation, the injured worker is not willing to move forward despite the treating physician's recommendations. There is no specific defined return to work goal or job that has been established and documented in the medical record. The ideal situation is that there is a plan agreed to by the employer and the employee for returning to work. The documentation indicates the injured worker failed physical therapy, chiropractic therapy and a home exercise program. The guidelines, however, state there should be evidence of treatment with an adequate trial of physical rehabilitation with improvement followed by a plateau with evidence of no likely benefit from continuation of this previous treatment. There is no documentation of an adequate trial of physical therapy with improvement followed by a plateau. According to a February 18, 2015 progress note, objectively the injured worker is in no acute distress, has a normal gait, has a slight decrease in range of motion in flexion at the lumbar spine, has tenderness palpation over the lumbar extensor muscles, abnormal motor function and normal sensory function with negative straight leg raising. An MRI was performed on January 29, 2015 that was unremarkable. Consequently, absent clinical documentation supporting physical therapy with improvement and a plateau in addition to a specific defined return to work goal or job with a plan agreed to between the employee and the employer, work hardening 10 sessions (4 hour sessions) is not medically necessary.

Work 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, a functional capacity evaluation (work capacity evaluation) is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate

functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are lumbar sprain/strain; ankle sprain right; and right ankle contusion. Based on the documentation, the injured worker is not willing to move forward despite the treating physician's recommendations. There is no specific defined return to work goal or job that has been established and documented in the medical record. The ideal situation is that there is a plan agreed to by the employer and the employee for returning to work. There is no documentation of an adequate trial of physical therapy with improvement followed by a plateau. According to a February 18, 2015 progress note, objectively the injured worker is in no acute distress, has a normal gait, has a slight decrease in range of motion in flexion at the lumbar spine, has tenderness palpation over the lumbar extensor muscles, abnormal motor function and normal sensory function with negative straight leg raising. An MRI was performed on January 29, 2015 that was unremarkable. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Consequently, absent clinical documentation supporting a functional capacity evaluation, no return to work goal or job plan and an unwillingness to move forward despite the treating physician's recommendations, a functional capacity evaluation (work capacity evaluation) is not medically necessary.