

Case Number:	CM14-0212262		
Date Assigned:	01/02/2015	Date of Injury:	08/26/2014
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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 & Rehabn

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 patient is a 47 year-old female with an 8/26/2014 date of injury. The records indicate that she worked at a clothing store and a full rack of clothes fell and the patient injured her left shoulder trying to lift it. She was initially seen at [REDACTED] on 9/8/14 with 9/10 left shoulder pain. X-rays were normal. She was treated with ice, and NSAIDs. Follow-up was on 9/17/14, pain was improved to 7/10, an orthopedic referral and left shoulder MRI were ordered. The next follow-up was on 10/1/14, and the pain was 4/10. The patient saw an orthopedist on 10/14/14. The orthopedist reviewed the MRI, noting rotator cuff tendonitis without tear. The patient is diagnosed with left shoulder impingement syndrome and trapezius strain and recommended PT x12. The patient changed treating physicians and the initial evaluation from the new treater is dated 11/5/14. The new treating physician diagnoses the patient with: lumbar disc displacement; cervical disc herniation; bursitis and tendonitis of left shoulder; left shoulder impingement; left carpal sprain; left ankle sprain and thoracic sprain. The new treating physician recommends 6 sessions of physical medicine including chiropractic and massage. The FCE was requested to be used repeatedly over the course of treatment, and work hardening screening was requested to see if the patient is a candidate for a work hardening program. On 11/18/14 utilization review denied work conditioning screening; work hardening screening; and "qualified" functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/30/2014), Criteria for Admission to a Work Hardening (WH) Program; Mental Illness & Stress(updated 10/23/2014), Office Visits; ACOEM Guidelines Stress Related Conditions, Follow-up Visits

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

Decision rationale: The physician has requested a trial of physical medicine and requested work conditioning screening MTUS, page 125-126 for Work conditioning, work hardening states these are recommended as an option, depending on the availability of quality programs. The guidelines also provide the criteria for admission to a work hardening program and one of the criteria states: After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning The screening is not necessary, as MTUS states the work conditioning or work hardening programs are recommended. MTUS provides the criteria for admission for the programs and states the patient must have reached a plateau with physical therapy or occupational therapy. The patient was referred for a trial of physical medicine and is not reported to be at a plateau. The criteria for the work conditioning or work hardening program has not been met, therefore screening for the work conditioning program is not indicated at this time. The request for Work Conditioning Screening IS NOT medically necessary.

Work Hardening Screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/30/2014), Criteria for Admission to a Work Hardening (WH) Program; Mental Illness & Stress(updated 10/23/2014), Office Visits; ACOEM Guidelines Stress Related Conditions, Follow-up Visits

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

Decision rationale: The physician has requested a trial of physical medicine and requested work conditioning screening. The request for this review is for work hardening screening. MTUS, page 125-126 for Work conditioning, work hardening states these are recommended as an option, depending on the availability of quality programs. The guidelines also provide the criteria for admission to a work hardening program and one of the criteria states: After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning The screening is not necessary, as MTUS states the work conditioning or work hardening programs

are recommended. MTUS provides the criteria for admission for the programs and states the patient must have reached a plateau with physical therapy or occupational therapy. The patient was referred for a trial of physical medicine and is not reported to be at a plateau. The criteria for the work conditioning or work hardening program has not been met, therefore screening for the work hardening program is not indicated at this time. The request for Work Hardening Screening 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, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 132-139 and Official Disability Guidelines (ODG), Fitness of Duty (updated 09/23/2014), Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, p137-139.

Decision rationale: The physician has requested FCE or QFCE "quantitative" functional capacity evaluation. This review is for a "qualified" FCE. MTUS discusses functional improvement measures using pain scales, Oswestry, etc and physical examination, but does not discuss functional capacity evaluations (FCE) or QFCE. MTUS/ACOEM chapter guidelines did not provide details on Functional capacity evaluations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Functional capacity evaluations. ACOEM chapter 7, pg 137-138 states: "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." ACOEM guidelines do not appear to support the FCE, stating they can be influenced by multiple nonmedical factors other than physical impairments. The request for Qualified Functional Capacity Evaluation IS NOT medically necessary.