

Case Number:	CM15-0019874		
Date Assigned:	02/09/2015	Date of Injury:	04/10/2014
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 04/10/2014. She has reported subsequent neck, knee and elbow pain and headaches and was diagnosed with tear of the medial meniscus of the right knee, cervical disc herniation, lateral epicondylitis of the right elbow and right olecranon bursitis. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. In a progress note dated 12/17/2014, the injured worker complained of constant severe pain in the right knee and intermittent severe right elbow, neck and head pain. Objective physical examination findings were notable for 3+ spasm and tenderness in the cervical paraspinal muscles and right lateral epicondyle and right olecranon, positive bilateral axial compression test, positive shoulder depression test, mild swelling of the right knee with 3+ spasm and tenderness and positive McMurray's test. The physician noted that a work hardening screening would be required to determine if the injured worker was a candidate for a work hardening program and a psychosocial factors screen would be requested since the injured worker's problems had continued beyond the anticipated healing time. A request for authorization of these services was submitted. On 01/06/2015, Utilization Review non-certified requests for psychosocial factors screening x 1 evaluation and work conditioning/hardening screening x 1 evaluation for right knee, elbow and cervical spine, noting that there was no documentation of self-directed treatment for the reported psychological overlay from the injured worker's orthopedic conditions and that there was no rationale for work hardening. ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial factors screening x 1 evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain program criteria Page(s): 7-9, 49. Decision based on Non-MTUS Citation Pain section, Psychological testing Pain section, Chronic pain management program

Decision rationale: Pursuant to the Official Disability Guidelines, psychosocial factor screening times one evaluation is not medically necessary. Psychological evaluations are recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation or prior to specify interventions (lumbar spine fusion, spinal cord stimulator, implantable drug delivery system). Psychosocial evaluations should determine if further psychosocial interventions are indicated. Outpatient multidisciplinary pain management program criteria may be considered medically necessary in the following circumstances. The circumstances include, but are not limited to, the patient has chronic pain syndrome with evidence of loss of function that persists beyond three months; previous methods of treating chronic pain unsuccessful and there is an absence of other options likely to result in significant clinical improvement; etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are medial meniscal tear right knee; cervical disc herniation without myelopathy; lateral epicondylitis right elbow; and right olecranon bursitis. The date of injury for the injured worker was April 10, 2014. In November 2014 and authorization for physical therapy was submitted and granted. On December 7, 2014 a progress note indicates the injured worker completed only 2 of 12 physical therapy sessions. The injured worker presented to the orthopedist in November 2014 and is only three months into a treatment regimen. There is no clinical indication for psychosocial factor screening when the patient is only completed two out of 12 physical therapy sessions. The injured worker's medications include chondroitin sulfate, glucosamine, Ultram 50 mg and multiple topical analgesics. There has not been aggressive medication and therapeutic management to date. A psychosocial factor screening is premature at this time. Consequently, absent clinical documentation and completion of physical therapy and additional medical treatment for the knee, neck and elbow injury, psychosocial factor screening times one evaluation is not medically necessary.

Work conditioning/hardening screening x 1 evaluation for right knee, elbow, and cervical spine: 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), 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 Pain section, Work conditioning, hardening

Decision rationale: Pursuant to the Official Disability Guidelines, work hardening/conditioning screening times one for the right knee, elbow and cervical spine is not medically necessary. The criteria for admission to a work hardening program include, but are not limited to, previous physical therapy rendered and received. Documentation must show evidence of treatment with adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated in any of these approaches. In this case, the injured worker's working diagnoses are medial meniscal tear right knee; cervical disc herniation without myelopathy; lateral epicondylitis right elbow; and right olecranon bursitis. The date of injury for the injured worker was April 10, 2014. In November 2014 and authorization for physical therapy was submitted and granted. On December 7, 2014 a progress note indicates the injured worker completed only 2 of 12 physical therapy sessions. It is premature to engage in a work hardening/conditioning program when the injured worker has not completed an initial course of 12 physical therapy sessions. Admission to a work hardening program requires evidence of an adequate trial of active rehabilitation followed by a plateau with evidence of no likely benefit from continuation of previous treatment. Work hardening/conditioning is not clinically indicated. Consequently, absent clinical documentation with completion of a physical therapy course, work hardening/conditioning-screening times one for the right knee, elbow and cervical spine is not medically necessary.