

Case Number:	CM15-0125110		
Date Assigned:	07/09/2015	Date of Injury:	10/10/2012
Decision Date:	08/13/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 52-year-old female who sustained an industrial injury on 10/10/12 from continuous trauma involving her neck, upper back, right shoulder, elbow and wrist/ hand. She currently complains of continued pain to her cervical spine, right shoulder, right wrist and lumbar spine. On physical exam there was tenderness on palpation of the cervical spine; right shoulder revealed generalized tenderness; right wrist had mildly positive Phalen's test; lumbar spine revealed tenderness on palpation over lumbosacral region with painful range of motion. Diagnoses include pain in joint shoulder; cervicgia; brachial neuritis/ radiculitis; displaced cervical intervertebral disc; C5-C7 anterior microscopic discectomies, bilateral neural foraminotomies, decompression, anterior interbody fusion and instrumentation (12/9/14); carpal tunnel syndrome; cervical sprain/ strain; right shoulder impingement and bursitis; right shoulder rotator cuff tendinosis without tear; cervical radiculopathy; right wrist strain/ sprain; degenerative disc disease of the lumbar spine. Treatments to date include physical therapy with some benefit. Diagnostics include electromyography (5/2015) showing no carpal tunnel syndrome or radiculopathy; MRI of the cervical spine (8/25/14) showing impingement; MRI of the lumbar spine (10/7/14) showing degenerative disc disease with disc bulge and facet arthropathy; electromyography/ nerve conduction study (11/26/13) of cervical spine showing cervical radiculopathy. In the progress note dated 6/4/15 the treating provider's plan of care include functional capacity evaluation and Utilization review evaluated the functional capacity evaluation request and work hardening three times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 30-33, 49. Decision based on Non-MTUS Citation ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with cervical spine and bilateral shoulder pain. The patient is status post cervical discectomy fusion, 12/09/14. The request is for FUNCTIONAL CAPACITY EVALUATION. RFA with the request not provided. Patient's diagnosis on 06/04/15 includes pain in joint shoulder, cervicalgia, brachial neuritis/ radiculitis, and displaced cervical intervertebral disc. Electromyography on May 2015 demonstrated no carpal tunnel syndrome or radiculopathy; and MRI of the cervical spine dated 08/25/14 showed foramen impingement. Treatment to date included surgeries, imaging and electrodiagnostic studies, ESI's, physical therapy and medications. Patient's medications include Norco and Anaprox. The patient is off-work, per 06/04/15 report. MTUS guidelines, pp 125-126 require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/wk; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness For Duty, Low Back: Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Treater has not specified a reason for the request. Per 06/04/15 report, treater states "FCE by ■■■ prior to P&S." ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity. In this case, the treating physician does not explain why FCE is crucial, and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.

Work Hardening 3 x 3: Upheld

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

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

Decision rationale: Based on the 06/04/15 progress report provided by treating physician, the patient presents with cervical spine and bilateral shoulder pain. The patient is status post cervical discectomy fusion, 12/09/14. The request is for WORK HARDENING 3 X 3. RFA with the request not provided. Patient's diagnosis on 06/04/15 includes pain in joint shoulder, cervicalgia, brachial neuritis/ radiculitis, and displaced cervical intervertebral disc. Electromyography on May 2015 demonstrated no carpal tunnel syndrome or radiculopathy; and MRI of the cervical spine dated 08/25/14 showed foramen impingement. Treatment to date included surgeries, imaging and electrodiagnostic studies, ESI's, physical therapy and medications. Patient's medications include Norco and Anaprox. The patient is off-work, per 06/04/15 report. The MTUS Guidelines page 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. MTUS also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. Treater has not provided reason for the request. In this case, treater does not state if the current request for work conditioning is related to this job or to a new one. In addition, treater has not discussed the results of the screening process, required prior to consideration for work conditioning. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.