

Case Number:	CM13-0008527		
Date Assigned:	09/12/2013	Date of Injury:	11/12/2002
Decision Date:	02/12/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old female who reported an injury on 11/12/2002. The patient is currently diagnosed with shoulder impingement, cervical radiculopathy, wrist tendonitis and bursitis, elbow tendonitis and bursitis, and hand sprain and strain. The patient was seen by [REDACTED] on 06/12/2013. The patient reported 6-7/10 pain in the cervical spine, hands and wrists bilaterally. Physical examination revealed spasm and tenderness in the paravertebral muscles of the cervical spine with decreased range of motion, decreased grip strength, and well-healed incisions noted on the posterior aspect of the wrists bilaterally. Treatment recommendations included an MRI of the cervical spine, EMG of bilateral upper extremities, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast between 6/3/2013 and 8/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are rule out. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the patient's latest physical examination of the cervical spine only reveal decreased range of motion with tenderness and spasm. There were no progressive neurological deficits noted. There is no documentation of neurological signs or symptoms present on examination, nor is there evidence of plain radiographs obtained prior to the request for an MRI. There is also no evidence of a failure to respond to recent conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

FCE (Functional Capacity Evaluation) between 6/3/2013 and 8/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Fitness for Duty Chapter, Procedure Summary, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examinations when reassessing function and functional recovery. The Official Disability Guidelines (ODG) do not recommend proceeding with a Functional Capacity Evaluation if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. As per the clinical notes submitted, the provider indicates a Functional Capacity Evaluation is requested to document the patient's current physical abilities. However, guidelines do not support proceeding with a Functional Capacity Evaluation for the sole purpose to determine a worker's effort or compliance. Additionally, there is no evidence of a previous failure to return to work attempt nor conflicting medical reporting on precautions and/or fitness for modified duty work. Based on the clinical information received, the request is non-certified.