

Case Number:	CM13-0025780		
Date Assigned:	12/13/2013	Date of Injury:	06/29/2011
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 51-year-old male who reported a work-related injury on 06/29/2011, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses of shoulder tendonitis and bursitis. The clinical note dated 01/08/2013 reported that the patient was seen for a follow-up under primary treating physician [REDACTED]. The provider documented that the patient presented with continued complaints of bilateral shoulder pain rated at a 6/10 to the right and a 3/10 to the left. The provider documented that the patient presented for treatment of the following diagnoses: status post right shoulder surgery times 4, left shoulder labral tear and left shoulder osteoarthritis. The provider documented that upon physical exam of the bilateral upper extremities, range of motion upon flexion was 150 to the right and 160 to the left, extension 30 to the right and 40 to the left, abduction 160, adduction 40, internal rotation 40 to the right and 70 to the left and external rotation of 40 to the right and 70 to the left. The provider documented that the patient had a positive O'Brien's on the left. The provider recommended authorization for the patient to be provided with a bilateral shoulder TENS unit and extracorporeal shockwave lithotripsy. The patient was rendered prescriptions for Ambien, Vicodin and Terocin patches as well as topical analgesics.

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 ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty guidelines

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) Chapter 7, page 137-138.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences that the patient continued to present with bilateral shoulder pain complaints since status post a work-related injury sustained in 06/2011. The most recent clinical note submitted for review by the patient's primary treating provider, [REDACTED], did not indicate a specific rationale for the requested Functional Capacity Evaluation at this point in the patient's treatment. The California MTUS/ACOEM indicate that with a Functional Capacity Evaluation, as with any behavior, an individual's performance on a Functional Capacity Evaluation is probably influenced by multiple nonmedical factors other than physical impairments. The clinical notes did not indicate that the patient had made any unsuccessful returns to work duty or that the patient was currently being evaluated for MMI. The clinical notes failed to document a specific rationale for the requested intervention at this point the patient's treatment. Therefore, given the above, the request for a Functional Capacity Evaluation is not medically necessary or appropriate.

electromyography (EMG) for bilateral upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The request for an EMG of the bilateral upper extremities is not supported. Review of the clinical documentation evidenced that the patient continued to present with bilateral upper extremity pain complaints status post a work-related injury sustained in 2011. The most recent physical exam findings on 11/18/2013 by [REDACTED] failed to evidence any specific neurological, sensory or motor deficits that would support further diagnostic studies of the patient's bilateral upper extremities. The California MTUS/ACOEM indicates that appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. However, given the lack of evidence of recent significant objective findings of any neurological, sensory or motor deficits upon exam of the patient, the request for an EMG of the bilateral upper extremities is neither medically necessary nor appropriate.

nerve conduction velocity (NVC) for bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262.

Decision rationale: The request for an NCV of the bilateral upper extremities is not supported. Review of the clinical documentation evidenced that the patient continued to present with bilateral upper extremity pain complaints status post a work-related injury sustained in 2011. The most recent physical exam findings on 11/18/2013 by [REDACTED] failed to evidence any specific neurological, sensory or motor deficits that would support further diagnostic studies of the patient's bilateral upper extremities. The California MTUS/ACOEM indicates that appropriate electrodiagnostic studies may help differentiate between CTS and other conditions, such as cervical radiculopathy. However, given the lack of evidence of recent significant objective findings of any neurological, sensory or motor deficits upon exam of the patient, the request for an NCV of the bilateral upper extremities is neither medically necessary nor appropriate.