

<b>Case Number:</b>	CM13-0025963		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 62 year old female who was injured on 05/12/2003 due to repetitive typing of an orthopedic nature involving the upper extremities. Prior treatment history has included medications and home exercises. Progress note dated 07/09/2013 documented the patient to have complaints of neck, back, right and left shoulder pain, bilateral upper and lower extremity pain. Objective findings on exam showed the patient walks with an essentially normal gait pattern although states she has some difficulty with walking on heels and toes of both feet. She demonstrates a slight to moderate limitation in motion of the low back in all directions as well as some limitation in extension of the neck. In the upper extremities she has limited motion that she demonstrates with shoulders, more on right than left and again noting the healed arthroscopy scars of the right shoulder well healed without apparent swelling or inflammation. There is apparently good range of motion of all the upper extremity joints. Limited motion in the right shoulder includes elevation in abduction to approximately 90 degrees and forward flexion to 125 degrees. There is slight limitation in extension and internal and external rotation. Examination of the lower extremities reveals there is good range of motion of all joints including both knees with no apparent effusion or erythema. Neurological examination reveals deep tendon reflexes are equal and active. Sensory patterns appear intact bilaterally in upper and lower extremities and the functions of individual muscle groups are intact bilaterally. Grips strength gives zero results on 3 trials right and left noting no measurable attempts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UPPER EXTREMITY FUNCTIONAL TEST: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Functional Capability Evaluation (FCE)

**Decision rationale:** ODG Guidelines detail that if a worker is actively participating in determining the suitability of a particular job, an FCE is more likely to be successful. An FCE is not effective when the referral is less collaborative and more directive. An FCE should be considered if case management is hampered by complex issues. This patient has very complex issues. This is a complicated patient where return to work (RTW) is desired by the provider. In this particular patient it is found that an FCE may help the provider with RTW issues and further care. It is noted that this patient may not warrant an FCE per strict application of the ODG, but in this case a deviation is warranted. It is found that due the complexity of the patient's issues, this request is medically necessary.