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| Case Number: | CM13-0037733 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 05/03/2013 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 46-year-old male who was injured on 05/03/2013. The patient was injured in a golf cart collision accident. He complains of intermittent neck pain with pain radiating into the bilateral upper extremity. Prior treatment history has included medications, Metformin, Lisinopril, and aspirin. Office note dated 09/09/2013 reports the patient complains of intermittent neck pain with pain radiating into the bilateral upper extremity. The pain increases when turning the head from side-to-side, flexing and extending the head and neck, reaching or lifting, and with prolonged sitting and standing. The patient rates his pain level as 7/10. The right shoulder exhibits pain with rotation, torqueing motions, reaching overhead, lifting, carrying, pushing and pulling. He rates pain as 6/10. The patient complains of intermittent left shoulder pain. The patient complains of continuous left wrist and hand pain associated with a lump. The patient complains of frequent low back pain, with pain radiating into the bilateral lower extremity. The patient complains of continuous right knee pain. The pain increases with prolonged walking or standing, flexion and extending the knee, ascending or descending stairs, squatting, and stooping with episodes of buckling and giving way. The cervical spine is normal. There is tenderness bilaterally over the paraspinals and upper trapezius. There is pain on range of motion. There is tenderness bilaterally over the paraspinals. There is tenderness bilaterally over the paraspinal and quadratus lumborum; Range of motion is to 40 degrees of flexion; 20 degrees of extension; 20 degrees of right flexion; and 20 degrees of lateral flexion. Straight leg raise is positive at 40 degrees bilaterally. Examination of the shoulder/upper arm is normal. There is tenderness bilaterally over the upper trapezius. Examination reveals painful range of motion. There is tenderness over the left dorsum of the wrist. Wrist range of motion is normal on the right and painful on the left. Lower extremity examination revealed tenderness over the right medial knee-lateral knee and painful range of motion on the right, normal on the left. The patient is diagnosed

with cervical spine sprain/strain; thoracic spine sprain/strain; lumbar spine sprain/strain; bilateral shoulder pain; left wrist sprain/strain and right knee pain. The rendered treatment plan consists of a functional capacity evaluation (for the purpose of determining if this patient is able to return to his usual and customary occupation). Initial hand consultation dated 09/06/2013 states the patient presents with complaints of left wrist pain. The pain is described as 4/10. The pain is described as sharp and does not travel. The pain is described as constant and bending of the wrist aggravates the pain; resting the wrist alleviates the pain. The patient admits to weakness and giving way and denies stiffness, swelling, grinding, or locking. On examination of the left upper extremity, the skin is intact and compartments are soft. There is no evidence of any palpable spasms. There is no evidence of any masses. There is evidence of any masses in the palm of the hand. He has positive pain on ulnar or radial deviation of the wrist. There is positive pain on wrist extension or wrist flexion; significant amount of pain over the dorsal aspect of the wrist upon palpation; Negative Phalen's; Negative Tinel's sign; Negative compression test over the median nerve. There is no evidence of any thenar atrophy. There is no evidence of any abductor pollicis brevis weakness. There is no pain in the lateral and medial epicondyle. There is negative Tinel over the cubital tunnel; Two-point discrimination is less than 5 mm to all digits and all reflexes are intact bilaterally. Examination of the right upper extremity for comparison reveals negative Phalen's test; Negative Tinel sign; Negative compression test over the median nerve; negative Finkelstein's test. There is no pain in the anatomic snuffbox. There is no pain on the ulnar or radial deviation of the wrist. There is no pain on or wrist flexion or wrist extension. There is no evidence of any masses. Components are soft. There is no evidence of any spasms. The skin is intact. There is no pain over the lateral epicondyle. There is no pain over the medial epicondyle. There is no pain in the antecubital fossa. There is no pain over the olecranon. There is negative Tinel over the Guyon's canal. There is negative Tinel over the cubital tunnel. The patient is recommended to be treated conservatively. The patient is suggested to receive aggressive physical therapy to decrease pain and decrease edema to his left wrist. He should also take anti-inflammatories and pain medications as needed. He should also be given a volar wrist brace for pain when it is exacerbated. He is instructed to minimize the use of the brace and only wear it when he has significant amount of pain or edema. He is prescribed medications consisting of Norco, omeprazole and Naprosyn today.

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): Chapter 7: Independent Medical Examinations Consultations..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: This is a request for functional capacity evaluation (FCE) for a patient involved in a golf cart collision on 5/3/13 with multiple body part complaints, predominantly of the left wrist with diagnosis of sprain and torn TFCC. The patient does not meet guideline criteria for FCE at this time. He is not a candidate for a Work Hardening Program. The patient appears to be working light duty with no lifting over 25 pounds. There is no documentation of significant pathology that requires detailed exploration of a worker's abilities. The patient does not appear to be at MMI. Medical necessity is not established.