

Case Number:	CM13-0040021		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2012
Decision Date:	06/09/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/07/2013

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 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 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 applicant is a [REDACTED] employee who has filed a claim for chronic shoulder pain, wrist pain, neck pain, and low back pain reportedly associated with cumulative trauma, at work first claimed on August 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; electrodiagnostic testing of December 13, 2012, notable for mild bilateral carpal tunnel syndrome; a combination of electrotherapy device; earlier right shoulder arthroscopy; and extensive periods of time off work. An earlier handwritten note of September 5, 2012 is notable for comments that the applicant was off work, on total temporary disability, at that point in time. On November 20, 2013, the applicant was described as having ongoing issues with shoulder internal derangement, nicotine dependence, NSAID use, depression, and anxiety. The applicant was apparently considering right shoulder surgery. It appears that a functional capacity testing and computerized shoulder range of motion testing were sought via an earlier note of August 30, 2013. Little or no rationale for the test in question was provided. The documentation on file was sparse, difficult to follow, and notable for comments that the applicant was off work, on total temporary disability. FCE testing was also endorsed on an earlier note of July 17, 2013, also handwritten, difficult to follow, and not entirely legible.

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): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 2, page 21, do suggest consideration of functional capacity testing in applicants in whom it is necessary to translate medical impairment into functional limitations and determine work capability, in this case, however, the applicant is off work, on total temporary disability. The applicant does not appear to have a job to return to. The applicant does not appear to be intent on returning to the workplace and/or workforce. The applicant is apparently in the process of undergoing shoulder surgery. It is unclear why formal quantification of the applicant's abilities and capabilities is needed. Little or no rationale for the testing in question was proffered by the attending provider. Therefore, the request is not medically necessary.

RANGE OF MOTION/MUSCLE TESTING: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 200, the range of motion of an applicant's shoulder should be determined both actively and passively. ACOEM further notes strength testing of the supraspinatus and infraspinatus muscles can be employed to diagnose possible rotator cuff tear and/or tendinopathy. Thus, ACOEM deems range of motion and strength testing part and parcel of an attending provider's usual and customary physical examination. There is no supporting ACOEM Guidelines for the proposed computerized range of motion and muscle testing proposed here. Therefore, the request is not medically necessary.