MAXIMUS Federal Services

Case Number:	CM13-0041816		
Date Assigned:	12/20/2013	Date of Injury:	08/10/2012
Decision Date:	04/29/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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:

This patient is a 39 year old male with date of injury of 08/10/2012. Per the treating physician's report 03/21/2013, presenting symptoms are right shoulder, neck, and low back pain with the listed diagnoses of: Frozen shoulder, cervical brachial syndrome, impingement shoulder syndrome, and sprain/strain of the lumbar region. Prescriptions provided were Norco and Flexeril. A report indicates that the patient's pain is reduced by 30% to 40% with Norco and improves ability to function with daily activities as well as quality of life. The request was for evaluation of functional restoration program.

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 Page(s): 137-139.

Decision rationale: This patient presents with chronic shoulder and neck pain. The treating physician has repeatedly asked for "baseline functional capacity evaluation". ACOEM Guidelines, pages 137 to 139, state, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations". It further states that there is a little scientific evidence

confirming that FCEs predict an individual's actual capacity to perform in the workplace. The employer or claim administrator may request functional ability evaluations, which may also be ordered by the treater or evaluating physician if the physician feels the information from such testing is crucial. In this case, there is no discussion on the reports as to why this information would be crucial in having the patient return to work. The request appears to be a routine testing for baseline. ACOEM Guidelines do not support routine use of functional capacity evaluations. The request is not medically necessary and appropriate.

EVALUATION FOR A FUNCTIONAL RESTORATION PROGRAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: This patient presents with chronic pain in the neck and shoulder with injury that dates back over a year. The treating physician has asked for evaluation for functional restoration program. The MTUS Chronic Pain Guidelines support functional restoration programs for chronic pain in patients that have failed to improve with conservative care. Given that the request is for an evaluation to determine the patient's candidacy, the request is medically necessary and appropriate.

FLEXERIL 10MG TABLETS, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This patient presents with chronic neck and shoulder pain. The treating physician has prescribed Flexeril #90. The MTUS Chronic Pain Guidelines do not support long-term use of Flexeril. If it is used, it states that is effective up to 4 days for acute flareups of spasms and that it should not be used for more than 2 to 3 weeks. In this case, this medication appears to be prescribed in a long-term basis as the number prescribed is #90, and the treater does not specify that this is to be used for short term. The request is not medically necessary and appropriate.