

<b>Case Number:</b>	CM13-0044677		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Internal 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 an injured worker with diagnoses of right shoulder, neck, and lumbar back conditions. Date of injury is 07-30-2009. Mechanism of injury is repetitive trauma. Primary treating physician's report 07-17-13 by [REDACTED] provided a case summary. Subjective complaints include right shoulder pain, neck pain, low back pain. Functional Capacity Evaluation 03-29-2013: Right shoulder flexion 180 degrees 0%, extension 50 degrees 0%, abduction 180 degrees 0%, adduction 50 degrees 0%, external rotation 71 degrees 0%, internal rotation 24 degrees 4%. Left shoulder flexion 180 degrees 0%, extension 50 degrees 0%, abduction 180 degrees 0%, adduction 50 degrees 0%, external rotation 90 degrees 0%, internal rotation is 53 degrees 1%. Cervical flexion 1%, extension 1%, left lateral flexion 1%, right lateral flexion 1%, left rotation 0%, right rotation 0% impairment. Lumbar flexion 0%, extension 3%, Left lateral bending 1%, Right Lateral bending 0%. Thoracic spine impairment 0%. Diagnoses: Status post right shoulder arthroscopy with subacromial decompression and distal clavicle resection performed on August 09, 2012 by [REDACTED]. Chronic sprain/strain of cervicothoracic spine with multilevel degenerative disc disease, per MRI of September 24,2010, 722.0. Chronic sprain/strain of lumbosacral spine with a 2 mm bulge and annular tear at L5-S1 per MRI of September 29,2010, 722.4, 722.2. MRI of May 16, 2013 reveals a 3 mm left lateral disc protrusion at C3-C4; 2.5 mm left paracentral disc protrusion at C5-C6; 1 mm disc protrusion at C6-C7; 2 mm disc protrusion at C7-T1; a 2 mm disc protrusions at T1-T2, and T2-T3 per MRI of May 1+6, 2013, 722.0, and 722.1. Postoperative changes noted on May 16,2013 MRI of the left shoulder. Patient was considered maximally medically improved. Medical treatment indicated: Per AME [REDACTED]: With regards to the right and left shoulders, the patient has had prior surgeries and continues to have some mild loss of range of motion with some diffuse weakness... No surgery is considered at this time. With regards to the cervical spine, no surgery

is recommended nor anticipated... No treatment is recommended at this time. Range of motion study 03-29-13: Cervical flexion 43 degrees, extension 53 degrees, left lateral flexion 31 degrees, right lateral flexion 29 degrees, left rotation 80 degrees, right rotation 80 degrees. Lumbar flexion 60 degrees, extension 17 degrees, left lateral bending 21 degrees, right lateral bending 25 degrees. Orthopedic surgery consultation report 05-29-13 by [REDACTED] documented that the patient reported that his shoulder pain has significantly improved. He states that at this time, he complains of only slight discomfort to his right shoulder. His physical examination reveals slight decreased range of motion of the right shoulder. The impingement sign is negative. There is no shoulder instability. "Since this patient is feeling significant improvement in his symptoms, at this time I do not recommend any invasive treatment for his right shoulder. He will need to follow-up with me in the future on as needed basis only." Utilization review dated 10-04-2013 recommended Non-Certification of the request for functional capacity evaluation and range of motion testing.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FUNCTIONAL CAPACITY EVALUATION AND RANGE OF MOTION TEST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 137-138, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 12, 33, 137-138, 169-170, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**Decision rationale:** Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 (Page 12) states: "At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries." American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 (Page 137-138) states: "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." FCEs is the abbreviation for Functional capacity evaluations. MTUS and ACOEM guidelines state that there is "not good evidence", "little scientific evidence" of the utility/usefulness of functional capacity evaluations. The medical records do not provide superseding evidence to support the medical utility of a functional capacity evaluation in this case. Therefore, the clinical guidelines and medical records do not support the medical necessity of a functional capacity evaluation. Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that range of motion measurements are a component of the physician's physical examination. Physical "examination is mostly subjective, because the patient must exert voluntary effort or state a response to the sensory findings on the examination." Range of motion is not completely objective. Range of motion is partly subjective. Therefore, range of motion measurements are of

"limited value." Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) states that Computerized range of motion and Flexibility are not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. Flexion/extension imaging studies are not recommended as a primary criteria for range of motion. Official Disability Guidelines (ODG) Low Back (Acute & Chronic) states that Flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. The AMA Guides to the Evaluation of Permanent Impairment 5th edition does not recommend computerized measures of lumbar spine range of motion. ODG guidelines do not recommend computerized range of motion for neck and low back conditions. Medical records documented range of motion measurements 03-29-13 of the shoulders, cervical spine, and lumbar spine which were virtually normal. Bilateral shoulder flexion, extension, abduction, adduction, and internal rotation were normal. Cervical spine range of motion was impaired 0% - 1%. Lumbar spine flexion was normal. Lumbar extension was impaired 3%, lateral bending was impaired 0% - 1%. Orthopedic surgery report 05-29-13 documented "only slight discomfort to his right shoulder" and "slight d