MAXIMUS Federal Services

Case Number:	CM13-0047286		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2012
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 54 year old male with a date of injury on 1/31/12. The patient has subjective complaints of ongoing neck pain, right shoulder, and elbow and wrist pain. The patient has diagnoses of rotator cuff tear, cervical sprain, elbow enthesopathy, and wrist tendonitis. An MRI of the right shoulder showed a rotator cuff tear. The patient had a surgery for this in August 2012. A physical exam shows tenderness and spasm over cervical paraspinal muscles, decreased sensation in C5-C6 dermatomes, tenderness to right shoulder with a positive Hawkins's, and positive Phalen's test. Treatments have included medications and physical therapy. Electrodiagnostic studies were performed and were normal. The most current physical findings after surgery show cervical spine pain and residual shoulder pain that has improved significantly. There is continued C5-C6 dermatome pain bilateral persistent. There are no new sensory or motor findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation and Official Disability Guidelines, Online Version, http://odg-twc.com/, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: CA MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. While documents show dermatomal sensory abnormalities bilateral in C5/C6, they have not changed or progressed, and electrodiagnostic studies were normal. The only decrease in strength was in the right deltoid 4/5, likely related to prior surgery. There are no accompanying findings of worsening dermatomal sensation suggestive of cervical radiculopathy. The medically necessity of a Cervical MRI has not been established.

functional capacity evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Fitness for Duty Procedure Summary

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

Decision rationale: CA MTUS recommends considering a functional capacity evaluation to translate medical impairment into functional limitations and determine work capability. The importance of an assessment is to have a measure that can be used repeatedly over course of treatment to demonstrate improvement of function. The Official Disability Guidelines (ODG) likewise recommends a functional capacity evaluation as an objective resource for disability managers and is an invaluable tool in the return to work process. A previous denial indicated lack of documentation on work requirements and return to work attempts. A review of documents dated 4/11/2012 shows that information was provided detailing work demands and functions. There were also documented attempts at returning to modified work for several months after the injury. With this information present, a functional capacity evaluation to determine functional limitations and work capability is medically necessary.