

Case Number:	CM13-0056919		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2013
Decision Date:	04/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Practice, 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 patient is a 62-year-old male who reported injury on 01/15/2013. The mechanism of injury was noted to be cumulative trauma. The patient's diagnoses were noted to be sprains and strains for an unspecified site of the shoulder and upper arm. The most recent clinical documentation submitted for the request indicated that the patient had intermittent moderate to severe pain that was sharp in the right shoulder. In the right wrist and hand, the patient had complaints of intermittent moderate to severe pain. The patient had +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. The patient's range of motion of the right shoulder was limited and painful. The Codman's test was positive on the right, Speed's test was positive on the right, and the supraspinatus test was positive on the right. The examination of the wrist and hand revealed the patient had +3 spasm and tenderness to the right posterior extensor tendons, right anterior wrist, and right thenar eminence. The patient's range of motion of the right wrist was noted to be limited and painful. The patient had a positive Tinel's test on the right and a Guyon's test that was negative. The bracelet test was positive on the right and the Phalen's test was positive bilaterally. The patient's diagnoses were noted to include carpal tunnel syndrome of the right wrist, tendinitis/bursitis of the right wrist/hand, adhesive capsulitis of the right shoulder, and rotator cuff syndrome of the right shoulder. The treatment plan was noted to include a program of conservative therapy for 6 visits for the right shoulder and right wrist, medications including Tylenol No. 3, naproxen sodium 550 mg, and TGHOT, a multi-interferential stimulator, a right wrist brace, and an Initial Qualified Functional Capacity Evaluation to establish baseline function and design to return to work, and re-examination in 4 weeks.

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.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE

Decision rationale: The ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate that secondary conditions or additional conditions had been clarified. The request was made with a physical therapy request which indicates that the employee was not at maximum medical improvement. There was a lack of documentation indicating that the employee had a prior unsuccessful attempt to return to work. Given the above, the request for a functional capacity evaluation is not medically necessary.