

Case Number:	CM13-0063396		
Date Assigned:	06/09/2014	Date of Injury:	01/07/2012
Decision Date:	07/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old female with a reported date of injury on 01/07/2012. The mechanism of injury was reported as a fall. The injured worker presented with right shoulder pain that radiated to the neck and right arm. Upon physical examination, the cervical spine revealed tenderness to palpation at the cervical musculature bilaterally. Hyper cervical compression was positive on the right. In addition, the neurological pinwheel demonstrated decreased sensation to the C7 nerve root on the right. The physician indicated the injured worker was pain free in the right arm while at rest. The right shoulder range of motion revealed forward flexion to 165 degrees, abduction to 165 degrees, adduction to 80 degrees, internal and medial rotation to 80 degrees, and extension was revealed as normal. The physician indicated that the NCV/EMG dated 05/24/2012 revealed abnormal, a Nerve Conduction Studies (NCS) with right mild compression of the medial nerve at the carpal tunnel by electrodiagnostic criteria, and a normal EMG. According to the documentation provided, the injured worker has permanent work restrictions of no lifting over 20 pounds. The physician indicated, the injured worker has learned to function with the injured shoulder. However, the injured worker was not able to perform some activities as she did prior to injury. The injured worker's diagnosis included cervical radiculitis, rotator cuff syndrome, and carpal tunnel syndrome. The injured worker's medication regimen included naproxen and Norco. The Request for Authorization for Functional Capacity Evaluation was submitted on 12/09/2013. The rationale for the request was not provided within the documentation available for review.

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 Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale: The California MTUS guidelines state that functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: work functions and/or activities of daily living, self-report of disability. Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 pounds floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc. In addition, the California MTUS Guidelines state that this includes the provider's assessment of the patient compliance with a home program and motivation. The rationale for a specialized Functional Capacity Evaluation was not provided within the documentation available for review. According to the clinical note dated 01/20/2014, the injured worker is on a permanent restriction of not lifting more than 20 pounds. In addition, the clinical documentation indicates the injured worker has reduced functional abilities and has learned to function with an injured shoulder. The clinical information provided for review, includes documentation of range of motion values in degrees. Therefore, the request for Functional Capacity Evaluation is non-certified.