

<b>Case Number:</b>	CM13-0064158		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 72-year-old male who reported an injury on 09/17/2010. The mechanism of injury was noted to be repetitive work duties. The patient had a right first dorsal extensor compartment release on 02/01/2012. Recent documentation of 10/02/2013 revealed the patient had objective findings of decreased ranges of motion in the bilateral shoulders that were painful. The patient had +3 tenderness to palpation of the anterior shoulder, lateral shoulder, and posterior shoulder of the bilateral shoulders and the supraspinatus press was positive. The patient had +3 tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist. The Phalen's test was positive, as was the Finkelstein's. The patient's diagnoses were noted to include left shoulder impingement syndrome, left shoulder sprain/strain, right shoulder impingement syndrome, right shoulder pain, right shoulder strain/sprain, right carpal tunnel syndrome, right De Quervain's disease, and status post surgery right wrist. The request was made for a final Functional Capacity Evaluation and chiropractic treatment for the bilateral shoulders and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Final Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

**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:** 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. Official Disability Guidelines indicates 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 indicated the patient was nearing MMI. However, there was a lack of documentation indicating the patient had prior unsuccessful attempts to return to work. Given the above, the request for a final functional capacity evaluation is not medically necessary.

**Chiropractic 2 to 3 times a week for 6 weeks for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

**Decision rationale:** California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment is not recommended for the forearm, wrist, & hand. Official Disability Guidelines indicate that the treatment for sprains and strains is 9 visits over 8 weeks. The clinical documentation submitted for review indicated that the patient had objective findings upon examination that would be supported for chiropractic manipulation. However, as California MTUS Guidelines do not recommend the treatment for the wrist, the request in its entirety for chiropractic 2 to 3 times a week for 6 weeks for the bilateral shoulders and right wrist is not medically necessary.