

Case Number:	CM13-0065317		
Date Assigned:	01/03/2014	Date of Injury:	03/14/2011
Decision Date:	04/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 a 55-year-old male who reported an injury on 03/14/2011. The patient was seen most recently on 12/06/2013 for a followup exam, whereupon it states that he had an AME suggesting he may have a deltoid tear, as he had some indentation on the deltoid muscles on the right shoulder since his surgery. On the physical examination, indentation was noted in the right shoulder, which appeared to be scarring and atrophy of a small portion of the deltoid muscle where the incision had been made. The patient has 5/5 strength in the arch at 0 to 30 degrees, and abduction from 120 to 180 degrees. The patient is also 4/5 from the arch of motion from 0 to 120 degrees, which is strictly his rotator cuff muscle being tested at that point. The patient has a negative Neer's test, negative Hawkins test, negative O'Brien's, and negative Speed's test. The patient has had positive greater tuberosity tenderness, but negative tenderness over the biceps tendon. The patient was also negative for crepitus, AC joint tenderness, AC joint compression test, crossover test, hypertension test, and neurovascularly, he was intact. Under the treatment plan, it states that the physician was prescribing diclofenac XR 100 mg by mouth daily for anti-inflammatory purposes; omeprazole 20 mg to reduce NSAID gastric prophylaxis, 30 tabs; and tramadol ER 150 mg by mouth daily for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC MEDICATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to California MTUS Guidelines, diclofenac is a nonselective steroidal anti-inflammatory medication which is useful for treatment of acute, subacute, and chronic musculoskeletal pain secondary to inflammatory conditions. Although documentation indicates the patient has ongoing complaints of pain in his right shoulder, it is unclear as to why the patient is unable to take over-the-counter nonsteroidal anti-inflammatory medications. Furthermore, the physician has failed to indicate the dosage and frequency of use for the diclofenac being requested. Therefore, the requested service cannot be supported and is non-certified.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: According to California MTUS at ACOEM, it states that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of a patient's capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a Functional Capacity Evaluation of the patient. Official Disability Guidelines has also been referred to in this case, and states that 'do not proceed with a Functional Capacity Evaluation if the sole 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 documentation fails to indicate whether the patient has returned to work or not, and if so, has there been an ergonomic assessment arranged for the patient to continue to perform his job duties in a safe manner regarding his injury. It also does not state if the sole purpose of the Functional Capacity Evaluation is to determine the patient's effort or compliance. Therefore, due to the patient not meeting guideline criteria, and without a thorough rationale for the medical necessity of a Functional Capacity Evaluation, the requested service cannot be supported at this time and is non-certified.