

<b>Case Number:</b>	CM14-0003697		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 52 year old female with an injury reported on 11/10/2010. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/09/2014, reported that the injured worker complained of bilateral hand and shoulder pain, that radiated down bilateral arms. The injured worker described as constant and rated her pain 4/10. Per physical examination report the injured worker's right and left shoulder's forward flexion was to 140 degrees. extension of her left shoulder was 0 degrees, and extension of her right shoulder was to 10 degrees. Manual motor strength testing to the injured worker's left and right hand grip were noted at 3/5. Positive Hawkin's test noted to the injured worker's bilateral shoulders. A positive Tinnel's, Phalen's and Finkelstein's test were also noted within clinical information. The injured worker's diagnoses included cervicobrachial syndrome, sprains and strains of neck, hypothyroidism, acid reflux, left hand surgery (2012), right hand surgery (2011), right shoulder surgery and left shoulder surgery in 2012. The request for authorization was submitted on 12/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, OCCUPATIONAL

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT  
Page(s): 30.

**Decision rationale:** The request for functional capacity evaluation (FCE) is not medically necessary. The injured worker complained of pain to bilateral hands and shoulders, that radiates down arms. According to the California MTUS guidelines for functional restoration program recommended that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker's functional tolerance was described as able to tolerate sitting for 10-15 minutes, standing for longer than 25 minutes and walker for longer than 25 minutes. The injured worker was also noted to complete bathing, cleaning, cooking, dressing, driving, grooming, and shopping with some difficulties. It was also noted that the injured worker's pain was exacerbated by carrying, lifting, lying down, pulling, pushing, and reaching. It was noted that the injured worker was prescribed Norco 10-325mg; however, there is a lack of clinical evidence of recorded effectiveness. There is also a lack of clinical information provided to determine if the injured worker has exhausted all lower levels of treatment at this time. Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.

**FUNCTIONAL RESTORATION PROGRAM EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
FUNCTIONAL RESTORATION PROGRAM Page(s): 31.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT Page(s): 30.

**Decision rationale:** The functional restoration program evaluation is not medically necessary. The injured worker complained of pain to bilateral hands and shoulders, that radiates down arms. According to the California MTUS guidelines for functional restoration program recommended that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. The injured worker's functional tolerance was described as able to tolerate sitting for 10-15 minutes, standing for longer than 25 minutes and walker for longer than 25 minutes. The injured worker was also noted to complete bathing, cleaning, cooking, dressing, driving, grooming, and shopping with some difficulties. It was also noted that the injured worker's pain was exacerbated by carrying, lifting, lying down, pulling, pushing, and reaching. It was noted that the injured worker was prescribed Norco 10-325mg; however, there is a lack of clinical evidence of recorded effectiveness. There is also a lack of clinical information provided to determine if the injured worker has exhausted all lower levels of treatment at this time. Therefore, the functional restoration program evaluation is not medically necessary.

