

Case Number:	CM14-0005444		
Date Assigned:	01/17/2014	Date of Injury:	07/19/2013
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Therapy and Rehabilitation has a subspecialty in Pain Management 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 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 45 year old female who was injured on 07/19/2013 while she was performing her usual and customary duty as a processor with repetitive movements of typing and office work, she began to experience pain to her neck and right shoulder. Prior treatment history has included chiropractic therapy, modality and procedure and encouraged on home exercise program. She was recommended to take NSAIDs and use topical creams. Progress report dated 10/18/2013 documented that the patient finished physical therapy and reported that it was helpful. Progress report dated 11/01/2013 documented the patient with complaints of constant pain in her right shoulder. Plan: Request FCE. Progress report dated 12/03/2013 documented the patient with complaints of intermittent sharp dull neck pain radiating pain and numbness at the right shoulder and upper arm. The pain increases with neck flexion, extension and rotation. The pain is relieved somewhat by chiropractic therapy and no activity. She is complaining from right shoulder constant sharp and dull at a time. The pain increases with overhead activity, pushing, pulling, carrying and lifting more than 10 pounds. The pain is relieved by nothing at this point. Objective findings on examination reveal there is no edema, erythema or cyanosis of bilateral upper and lower extremities. Range of motion of the right shoulder shows forward flexion 160 degrees, abduction 170 degrees, external rotation and internal rotation roughly about 90 degrees, adduction 50 degrees, extension 40 degrees. Positive Neer sign on forward flexion. Positive Hawkin's test. Mild tenderness on bicipital tendon. The remaining upper and lower extremity examination within normal limits. Examination of the spine reveals no obvious deformity such as scoliosis, lordosis or kyphosis. Thoracic and lumbar spine examination within normal limits. Straight leg raising test is negative. Femoral stretch test is negative. There is no sacroiliac joint tenderness. Examination of the cervical spine reveals flexion 50 degrees, extension 55 degrees, bilateral rotation 80 degrees, and bilateral lateral flexion 45 degrees. Spurling maneuver is

negative. Neurological exam reveals cranial nerves II through XII intact. No focal or sensory deficits to light touch, pinprick or temperature. Right upper extremity motor strength +4/5. The remaining upper is 5/5. Muscle stretch reflex 2/4 throughout Impression: 1. Cervical sprain/strain 2. Right shoulder sprain/strain 3. Right shoulder rotator cuff syndrome/right shoulder rotator cuff tear 4. Myofascial pain UR report dated 12/16/2013 denied the request for FCE. Guidelines recommend 10-12 sessions of PT for these diagnoses and this patient reportedly completed six sessions. FCE's are not recommended prior to stability of the medical condition when maximal medical recovery has occurred. FCE is not an evaluation intended to monitor the progress of a patient during medical treatment. There is no medical necessity for this test to be done now.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUANTITATIVE FUNCTIONAL CAPACITY EVALUATION (QFCE): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG PHYSICAL THERAPY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 511; OFFICIAL DISABILITY GUIDELINES (ODG), FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: As per CA MTUS/ACOEM guidelines, "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician." The ODG Guidelines recommend Functional Capacity Evaluation for prior to admission to a Work Hardening program, with preference to assessments to a specific job or task. FCE are not recommended for routine use as part of occupational rehab or screening, or as part of a general assessment whether an individual can perform a job in general. The medical records document the patient continues to have right shoulder/arm pain and has only completed a limited number of physical therapy sessions. Further, the documents show that the patient has not reached maximal medical improvement or stability. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.