

Case Number:	CM14-0108158		
Date Assigned:	08/01/2014	Date of Injury:	10/26/2013
Decision Date:	09/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 & 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 45-year-old female who reported an injury on 10/26/2013, secondary to a fall. Current diagnoses include cervical strain, radiculitis in the upper extremities, left shoulder strain/impingement syndrome, rule out cubital tunnel syndrome, low back pain, and radiculitis in the lower extremities. The injured worker was evaluated on 06/24/2014. Previous conservative treatment is noted to include physical therapy, medication management, and a left shoulder injection. The injured worker is also noted to have undergone a cervical spine MRI in 11/2013 and a left shoulder MRI in 01/2014. The injured worker presented with complaints of intermittent neck pain. It is noted that electrodiagnostic studies of the upper and lower extremities, obtained on an unknown date, were within normal limits. Physical examination on that date revealed positive tenderness over the paracervical musculature, positive muscle spasm in the paracervical musculature, limited cervical range of motion, positive Neer's and Hawkin's testing in the left shoulder, positive Speed's testing, greater tuberosity tenderness and AC joint tenderness, positive AC joint compression testing, and positive flexion testing of the left elbow with positive Tinel's. Treatment recommendations at that time included continuation of the current medication regimen of diclofenac XR 100 mg, omeprazole 20 mg, and tramadol ER 150 mg, as well as a functional capacity evaluation and physical therapy 3 times per week for 6 weeks. There was no Request for Authorization form submitted for this 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: 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): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when reassessing function and functional recovery. Official Disability Guidelines state a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. The injured worker is currently pending authorization for additional physical therapy. There is no evidence of previous unsuccessful return to work attempts. There is also no indication that this injured worker has reached, or is close to reaching maximum medical improvement. As the medical necessity has not been established, the request is not medically necessary.

Diclofenac: 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations for chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no evidence of an acute exacerbation of chronic pain that has not responded first line treatment with acetaminophen. There is also no strength, frequency or quantity listed in the request. Therefore, the request is not medically necessary.

XR Omeprazole: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Therefore, the injured worker does not currently meet criteria for the requested medication. There is also no

strength, frequency or quantity listed in the request. As such, the request is not medically necessary.

Range of Motion Testing: 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): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The injured worker is currently pending authorization for additional physical therapy for the left shoulder. Therefore, the medical necessity for the requested range of motion testing has not been established. As such, the request is not medically necessary.