

Case Number:	CM14-0109487		
Date Assigned:	08/01/2014	Date of Injury:	03/26/2014
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 41-year-old male with a reported injury on 03/26/2014. The mechanism of injury occurred when the injured worker grabbed a 50 pound sack from a conveyor belt, and when the machine got jammed, he then pulled the sack and his right wrist got stuck in the metal plate that pushed the sacks. His diagnoses include right wrist and right hand contusion, right forearm pain, depression, mild scarring, right shoulder sprain, and cognitive impairment. The injured worker had an examination on 05/17/2014 with complaints of constant, dull pain in the right upper extremity, primarily the forearm. He denied specific pain or symptoms to the right elbow or the right shoulder. He reported that the pain was aggravated by repetitive motion of the right arm reaching over the head, lifting, carrying, pushing, pulling, abduction, and external rotation. He reported weakness of the right upper extremity. He rated his pain of the right upper extremity at a 6/10 at worst and 2/10 at best. The injured worker had a cast on his arm, which was removed on 04/15/2014, and he then wore a right wrist brace. The injured worker reported increased pain to his right upper extremity when he was doing activities such as showering, dressing and undressing, doing laundry, household chores, getting in and out of the car or the bed, opening and closing doors, and gardening. Upon examination there was no tenderness to palpation on the cervical spine, the upper trapezius, or the paravertebral muscles. There were no trigger points. There was not any cervical compression noted. The Spurling's test was negative. On the right side, his deep tendon reflexes on his biceps, triceps and the brachioradialis were 2+. There was decreased sensation in the ulnar right forearm and the ulnar nerve territory of the right hand, and motor power was decreased to manual testing in the right wrist flexors, extensors, finger flexors, and interossei at a 5. On his elbows and forearms there was no pain to palpation. The Tinel's sign was negative at the elbows, and there was no pain on resistance with

dorsiflexion of the wrist with the elbow at full extension. The examination of the wrist revealed that there was diffuse pain on palpation of the right wrist structures, but there was no visible swelling or inflammation. There was evidence of right carpal tunnel syndrome, but the Phalen's test was negative bilaterally. The Tinel's sign and the Finkelstein's test were positive on the right. Wrist range of motion was decreased on the right side at 48 degrees of flexion, 30 degrees of extension, radial deviation was 16 degrees and ulnar deviation was 23 degrees. The range of motion of the hands bilaterally was within normal limits. There was no list of medications provided. The recommended plan of treatment was for physical therapy 3 times a week for 4 weeks, acupuncture, and to continue to take his Norco. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline functional capacity evaluation of the right wrist/hand/arm: Upheld

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

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, Functional Capacity evaluation.

Decision rationale: The request for a baseline functional capacity evaluation to the right wrist, hand and arm is not medically necessary or appropriate. The California MTUS/ACOEM guidelines state that determining limitations can usually be done by obtaining the patient's history, by obtaining information from the patient, and with the provider's knowledge of the patient and previous patients. Sometimes, it may be necessary to obtain a more precise delineation of patient capabilities, and under some circumstances this can best be done by ordering a functional capacity evaluation. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues; for example, when there have been prior unsuccessful return-to-work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if patients are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. Per the provided documentation, the injured worker has increased pain upon activities of daily living. The injured worker's occupation requires that he be able to walk for prolonged periods of time, sit, stand, bend, stoop, twist at the neck and back, squat, kneel, lift and carry up to 55 pounds, and to be able to grip, grasp, push, pull, reach at all levels, and repetitively use his hands. The injured worker has pain with showering, dressing, undressing, doing laundry, doing household chores, getting in and out of a car, opening and closing doors, and gardening. There is no documented evidence of the injured worker attempting to return to work, nor any indication there have been failed attempts to return to work. There is no indication that the injured worker is at or near maximum medical improvement. The clinical

information fails to meet the evidence-based guidelines for establishing the necessity of a functional capacity evaluation. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for the baseline functional capacity evaluation is not medically necessary or appropriate.

12 physical therapy sessions for the right wrist/forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for 12 physical therapy sessions to the right wrist and forearm is not medically necessary. The California MTUS Guidelines recommend physical medicine on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The California MTUS Guidelines also recommend instruction in a home exercise program in expectation of a continuation of participation in therapies at home as an extension of the treatment process in order to maintain improvement levels. The examination does show that the injured worker has deficits in the range of motion of the wrist; however, his hands are within normal limits. The examination showed that there is no pain to palpation of the wrists. The requesting physician did not provide an assessment of the injured worker's hand and wrist flexibility, strength or endurance. As the guidelines recommend up to 10 sessions of physical therapy, the request for 12 sessions would exceed the guideline recommendations. Additionally, the request does not indicate the frequency at which the therapy is to be performed in order to determine the necessity of the therapy. Therefore, the request for the 12 physical therapy sessions to the right wrist and forearm is not medically necessary or appropriate.