

Case Number:	CM14-0109590		
Date Assigned:	08/01/2014	Date of Injury:	10/20/2009
Decision Date:	09/17/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 49-year-old female who reported an injury on 10/20/2009. While working at her computer, she twisted her neck and experienced pain. The injured worker was diagnosed with cervical sprain/strain, cervical radiculopathy, shoulder impingement, elbow tendon bursitis, and wrist tendon bursitis. The injured worker received physical therapy 3 times a week for several months beginning on an unspecified date. The injured worker began group psychotherapy in 2012. She began receiving regular treatments beginning 02/25/2014 where she was treated with medication for anxiety and provided sleep aids. The injured worker received x-rays and MRI studies to her neck and left shoulder. The dates and findings of these reports were not provided within these documents. An x-ray to her right elbow, right wrist, and right hand were taken. The imagery of her upper extremities was also conducted. The studies were noted in an office visit on 07/15/2013 and their findings were not reported within these documents. On 06/25/2014, the injured worker reported neck pain with radiculopathy in the upper extremities with numbness, tingling, and weakness. She described left-sided shoulder pain, right elbow pain, and right wrist pain. The physician noted impingement to be positive over the shoulders bilaterally with decreased range of motion. Phalen's and reverse Phalen's testing was noted to be positive over the right wrist with decreased range of motion and decreased grip. The physician prescribes hypertension medication, pain medication, anti-anxiety medication, and sleep aids. The specific names, strengths, and doses of these medications were not provided. The physician's plan was to provide the injured worker with lidocaine patches to reduce her pain and help reduce the need of taking oral medications. She will also refill the medications on this office visit of 06/25/2014. The physician is awaiting authorization to proceed with an MRI study of the cervical spine and Functional Capacity Evaluation, along with 6 sessions of acupuncture.

A request for authorization form was signed on 06/10/2014 and made available for review. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Related to the Trunk and Upper Extremities (Through [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FUNCTIONAL CAPACITY EVALUATION (FCE)OFFICIAL DISABILITY GUIDELINES, FITNESS FOR DUTY.

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

Decision rationale: A request for a Functional Capacity Evaluation related to the trunk and upper extremities (through [REDACTED]), is non-certified. The request for the baseline functional capacity evaluation to the right wrist, hand and arm is non-certified. The California MTUS/ACOEM guidelines state determining limitations can usually be done by obtaining the patient's history, obtaining information from the patient, and 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 including 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. The injured worker continues to receive medications, and her physician has indicated no sign of improvement of her current status. There is no indication that it is recommended the injured worker participate in a work hardening program. There is a lack of documentation indicating the injured worker is close to or at maximum medical improvement. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is non-certified.