MAXIMUS Federal Services

Case Number:	CM14-0137420		
Date Assigned:	09/05/2014	Date of Injury:	05/20/2014
Decision Date:	10/02/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a female presenting with chronic work related injury occurring on 05/20/2014. The claimant was diagnosed with carpal tunnel syndrome, wrist strain and shoulder impingement. The claimant complained of left shoulder and bilateral wrist/hand pain. The physical exam shoed limited range of motion, positive impingement, 4/5 strength, tenderness, positive Phalen's bilaterally, and decreased sensation in the median nerve distribution. The provider recommended physical therapy, x-rays, physician referral for medications, a functional capacity evaluation, and cardiorespiratory testing. It was also recommended that the claimant return to regular work as of 8/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cardiorespiratory Diagnostic Testing (Autonomic Function Assessment): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Autonomic test battery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary Chapter, Pulmonary Function Testing Other Medical Treatment Guideline or Medical Evidence: Medicare LCD, www.cms.gov/MCD

Decision rationale: According to the Medicare LCD (Local Coverage Determinations), an ECG is indicated to diagnose or treat a patient for symptoms, signs, or a history of heart disease, or systemic conditions that affect the heart, including Chest pain or angina, Myocardial ischemia or infarction, Vascular disease, Hypertension, Conduction abnormalities, Cardiac Hypertrophy, Heart Failure, Pericarditis, Structural Abnormalities, Syncope etc. Pulmonary Function testing is indicated for management of chronic lung disease and in the preoperative evaluation of individuals who may have some degree of pulmonary compromise and require pulmonary resection or in the pre-operative assessment of the pulmonary patient. The medical records did not indicate that the claimant had any signs or symptoms meeting the criteria for cardiac or pulmonary testing. Additionally, the claim was not specific as to which testing is required; therefore, the requested Cardiorespiratory Diagnostic Testing (Autonomic Function Assessment) is not medically necessary and appropriate.

Initial Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Guidelines: Chapter 7 pages 137-138Official Disability Guidelines: Fitness for Duty, Functional capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 137-138.

Decision rationale: According to CA MTUS guidelines on page 137-138, the physician should state whether the work restriction are based on limited capacity, risk of harm or subjective examinee tolerance for the activity in question....As with any behavior, an individual's performance on a functional capacity evaluation is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the functional capacity evaluation results for determination of current work capability and restrictions. The medical records noted that the claimant should return to return to regular work. A functional capacity evaluation is recommended after an initial trial and failure to return to work; therefore, the requested Initial Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.