

<b>Case Number:</b>	CM14-0141709		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Texas and 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 57-year-old male who reported an injury on 05/10/2012 due to an unknown mechanism. Diagnoses were cervical spine sprain/strain with MRI findings of disc bulge at C3-4, C4-5, 1 to 2 mm, C5-6 with mild bilateral neural foraminal narrowing, status post right shoulder surgery with residual pain; status post recent stroke with right side hemiparesis, improving on aspirin 81 mg once a day. Past treatments were medications, physical therapy, and chiropractic sessions. Physical examination on 08/04/2014 revealed reports of continued pain in the neck that was reported to be constant and worse with turning to the right or trying to extend the neck. The pain was rated a 5/10 to 6/10. There were complaints of right shoulder pain as well, with tingling and some numbness in the right hand. It was reported that the injured worker had right lower extremity tingling and numbness at the same time he had the tingling and numbness in the right hand. It was also reported that the injured worker was recovering from a stroke with right hemiparesis that happened in 01/2014. Jamar grip strength, measured at second notch, was on the right a 10/10/15, left was 35/40/40 pounds. Examination of the cervical spine for flexion was to 40 degrees, extension was to 40 degrees, lateral bending was to 30 degrees bilaterally, rotation was to 50 degrees to the right and 60 degrees to the left. There were 2+ pains on extension, bilateral bending, and right rotation. There was 1+ pain on forward flexion and left rotation. There was pain on the spinous processes of the C5-7 on the midline. Pain on the facets of C3-6, 2+ on the right and 1+ on the left. There was moderate paracervical muscle spasm. There was pain on the facets at the T1-4 on the right side and the right suprascapular nerve area elicited 1+ pain. Examination of the right shoulder revealed range of motion was decreased on forward flexion to 140 degrees, extension was to 30 degrees, abduction was to 140 degrees, internal rotation was to 80 degrees, external rotation was to 70 degrees, and abduction was to 40 degrees. There was 1+ pain on forward flexion, extension, abduction, and internal rotation.

Tinel's sign was questionable in the upper extremities bilaterally. Neer test was positive. Treatment plan was now that the patient was no longer on Coumadin and only taking aspirin; a right cervical facet block at the level of C3-4, C4-5 medial branches was recommended. The rationale and Request for Authorization were not submitted.

### **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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation

**Decision rationale:** The ACOEM guidelines indicate there is a functional assessment tool available, and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports; the patient had an injury that required a detailed exploration of a worker's abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been made. It is recommended prior to admission to a work hardening (WH) program, with preference for assessments tailored to a specific task or job. It was not reported that the injured worker had met maximum medical improvement or had returned to work. It was not reported that the injured worker had prior unsuccessful attempts to return to work. It was not reported that the injured worker was to be admitted into a work hardening program. The rationale for the Functional Capacity Evaluation was not reported. It was not reported that the injured worker had unsuccessful attempts to return to work. The clinical information submitted for review does not provide evidence to justify a Functional Capacity Evaluation. Therefore, this request is not medically necessary.