

Case Number:	CM14-0165660		
Date Assigned:	10/10/2014	Date of Injury:	08/07/2012
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 56 year old right hand dominant housekeeping supervisor of a hotel with a history of repetitive motion trauma to the neck and upper extremities as well as the lower back. She reported insidious onset of neck pain, right shoulder pain and numbness in both hands in May/June 2013. Her job included vacuuming 3 floors of the hotel, lifting mattresses, replacing bed sheets and comforters, taking out trash, cleaning bathrooms, wiping mirrors/windows, pushing and lifting a 50 lb cleaning cart, lifting wet linen from the washer and transferring to a dryer, sweeping and mopping. She cleaned 16-18 rooms per day. She started treatment for her symptoms in August 2013. She underwent diagnostic studies including MRI of the cervical spine and electromyogram/ nerve conduction studies (EMG/NCS) of the upper extremities. The cervical MRI revealed degenerative disc disease with 2 mm bulges at C3-4, and C4-5, and a 3 mm bulge at C5-6 with left sided neural foraminal stenosis at C5-6. The EMG revealed bilateral carpal tunnel syndrome of moderate degree, right greater than left, and possible cervical radiculopathy at the C5-6 level. The actual report is not included. She was treated with 44 chiropractic and physical therapy sessions. Her symptoms improved but did not resolve. A right shoulder MRI was then recommended. The report indicates that she underwent the MRI on 3/26/2014. This revealed mild acromioclavicular arthritis and supraspinatus tendinitis with possible partial thickness tear. The records do not document orthopedic management of the carpal tunnel syndrome or the right shoulder impingement symptoms although a consultation was advised. A functional capacity evaluation was certified on 7/30/2014, however, there is no report included. The physical therapy was concluded on 9/15/2014 and improvement was documented but residual symptoms remained including pain with shoulder motion and numbness in the right hand. A detailed examination for carpal tunnel syndrome or shoulder impingement syndrome is not submitted. The range of motion of the right shoulder was near normal although

pain was reported, The disputed issue is a repeat functional capacity evaluation (FCE) that was non-certified by UR for lack of commentary on the outcome of the certified FCE, and the closeness of the requested repeat FCE to the first, unknown response to the trial of light duty, and the outcome of the orthopedic evaluation and management.

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)-TWC, Fitness for Duty Guidelines for Performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, page(s) 21, 22, and on the Official Disability Guidelines (ODG) Section: Fitness for Duty; Topic: Functional Capacity Evaluation

Decision rationale: CA MTUS guidelines indicate consideration of a functional capacity evaluation when there is necessity of translating medical impairment into functional limitations and determination of work capability. ODG guidelines recommend FCEs prior to a work hardening program with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job the FCE is more likely to be successful. It is important to provide as much detail as possible about the potential job to the assessor. The concerns about adequate management of the orthopedic conditions including the carpal tunnel syndrome said to be "moderate" and the right shoulder impingement are genuine. The information submitted does not include information about orthopedic treatment although the last progress note documents persisting symptoms and findings. The results of the first FCE are not included although it was certified on 7/30/2014. In light of persisting symptoms and findings and need for orthopedic treatment a repeat FCE is not going to be benefit and the medical necessity is not established per guidelines. The request for a FCE is therefore not appropriate or medically necessary.