

<b>Case Number:</b>	CM14-0176965		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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 Orthopedic Surgeon and is licensed to practice in Texas. 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 34-year-old female who reported injury on 09/01/2012. The mechanism of injury was not provided. The injured worker underwent a right shoulder arthroscopy and carpal tunnel release on 05/27/2014. The documentation indicated the injured worker had physical therapy postoperatively. The diagnoses included status post right shoulder surgery and right carpal tunnel syndrome status post right carpal tunnel release on 05/27/2014. Documentation of 09/09/2014 revealed the injured worker had increased range of mobility and was able to perform more activities of daily living, including brushing her hair and grooming. The prior treatments were noted to include acupuncture and physical therapy. The injured worker had tenderness in the right wrist and right shoulder. The injured worker had pain with range of motion in the right shoulder and wrist. The injured worker had pain in weakness in the right shoulder and right wrist. The strength was noted to be 4+/5. There was no Request for Authorization or rationales submitted for review. The documentation requesting the interventions was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Medical Clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Society of General Internal Medicine  
[http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.](http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=)

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". The clinical documentation submitted for review failed to indicate a rationale for the requested medical clearance. There was a lack of documentation indicating the date for the request. Given the above, the request for associated surgical service medical clearance is not medically necessary.

**Associated surgical service: Quantitative Functional Capacity Evaluations: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines (second edition, 2004), Chapter 7, "Independent Medication Examinations and Medical Consultations", page 138

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE

**Decision rationale:** The American College of Occupational and Environmental Medicine 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. The Official Disability Guidelines indicates 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 workers 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 arranged. The clinical documentation submitted for review failed to provide documented rationale for a functional capacity evaluation. There was a lack of documentation indicating the injured worker had an unsuccessful prior attempt to return to work. Given the above and the lack of documentation, the request for associated surgical service quantitative functional capacity evaluation is not medically necessary.

**Associated surgical service: Home Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** The California MTUS Physical Medical Guidelines indicate that 10 sessions of therapy are appropriate for myalgia. The request as submitted failed to indicate the body part to be treated, as well as the specific home program that was being requested. There was a lack of documented rationale indicating a necessity for a home program. Additionally, the request as submitted failed to indicate the duration of care being requested. Given the above, the request for associated surgical service home program is not medically necessary.

**Associated surgical service: Work Conditioning:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Admission to a Work Hardening Program Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** The California Medical Treatment and Utilization Schedule Guidelines recommend 10 visits of work conditioning post physical therapy. The clinical documentation submitted for review failed to indicate the injured worker had completed physical therapy. The request as submitted failed to indicate the body part to be treated with the work conditioning and failed to provide the duration. Given the above, the request for associated surgical service work conditioning is not medically necessary.