

<b>Case Number:</b>	CM14-0022448		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/22/2014

### 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 California. 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:

This 53 year-old female cook sustained a left shoulder injury on 4/12/10. There is another reported injury involving her left elbow while assisting a co-worker with transferring of a large heavy pot. She subsequently underwent left elbow surgery without improvement. Permanent and Stationary report of 7/17/13 noted patient with chronic pain in the left upper extremity, shoulder, and neck. Exam of the left shoulder showed diffuse tenderness at joint, trapezius, deltoid and upper extremity; restricted range in all planes; subjective weakness (no muscle grading); and almost total complete sensory loss below the left elbow. MRI of the left shoulder in early 2013 showed only tendinosis of rotator cuff without tear. Diagnoses included Malingering; left shoulder rotator cuff tendinosis; post-procedural state for left elbow in 4/12/10 and for left shoulder in October 2011. There was mention for subrosa which revealed the patient was able to perform all functions and types of normal activity without any indication of pain. There was no ratable disability found. Report from the requesting provider noted patient with chronic left shoulder and elbow pain.

### 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:** Decision based on MTUS ACOEM.

**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 7, Independent Medical Examinations and Consultations, pages 137-138.

**Decision rationale:** Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without return to any form of modified work trial. Per the ACOEM Treatment Guidelines, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions especially in light of malingering issues. The Functional Capacity Evaluation is not medically necessary and appropriate.

**AN MRI OF THE LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602.

**Decision rationale:** Criteria for ordering imaging studies such include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. The MRI of the left elbow is not medically necessary and appropriate.

**PHYSICAL THERAPY FOR THE LEFT SHOULDER AND LEFT ELBOW (12 SESSIONS):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach

those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The request is not medically necessary and appropriate.