

Case Number:	CM14-0028772		
Date Assigned:	06/20/2014	Date of Injury:	10/22/2010
Decision Date:	08/12/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 51-year-old female with date of injury of 10/22/2010. The listed diagnoses per [REDACTED] dated 01/29/2014 are: 1. Right shoulder sprain/strain. 2. Rule out right shoulder impingement, bursitis. 3. Rule out right shoulder rotator cuff tear. 4. Bilateral elbow lateral epicondylitis. 5. Rule out bilateral elbow cubital tunnel syndrome. 6. Rule out bilateral wrist carpal tunnel syndrome. 7. Bilateral wrist chronic overuse syndrome. 8. Depression secondary to pain. According to this report, the patient complains of right shoulder, bilateral elbow, and bilateral wrist pain. The patient rates her pain 6/10 in her right shoulder, 7/10 in her bilateral elbows and bilateral wrists. The objective findings show there is a grade 2 tenderness to palpation on the right shoulder which is unchanged from the last visit. There is restricted range of motion. There is a grade 2 to 3 tenderness to palpation in the bilateral elbows which is also unchanged from the last visit. There is a grade 2 to 3 tenderness to palpation in the bilateral wrists and hands. There are no changes on neuro-circulatory examination. The treater notes that the patient is approaching maximum medical improvement from a conservative prospective. The utilization review denied the request on 02/20/2014.

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, Fitness for Duty.

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) Functional Capacity Evaluation. ACOEM guidelines has the following regarding functional capacity evaluations: Ch:7 (p137,139).

Decision rationale: This patient presents with right shoulder, bilateral elbows, and bilateral wrist pain. The treating physician is requesting a functional capacity evaluation. The ACOEM Guidelines on functional capacity evaluations page 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place. An FCE reflects what an actual individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE (functional capacity evaluation) results for determination of current work capabilities and restrictions. The records show a functional capacity evaluation dated 02/10/2014. It appears that the patient went for evaluation before utilization review denied the request. Based on this report, it appears that the patient is able to go back to regular work duties without any restrictions. In this case, while the treating physician went ahead and performed the functional capacity evaluation, none of the records provided any return to work discussions or on-the-job training. It is not known why an FCE is needed. The treating physician does not discuss a special need for this request and the request is not generated by the administrator or the employer. Therefore, the request is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures.

Decision rationale: This patient presents with right shoulder, bilateral elbows, and bilateral wrist pain. The treating physician is requesting range of motion testing. The MTUS and ACOEM Guidelines do not address this request. However, ODG on functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In this case, ODG does recommend ROM testing as part of followup visits and routine examination. It is not recommended as a separate billable service. Therefore, the request is not medically necessary.

Flexibility testing.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back-Lumbar and Throacic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Functional improvement measures.

Decision rationale: This patient presents with right shoulder, bilateral elbows, and bilateral wrist pain. The treating physician is requesting a flexibility testing. The MTUS and ACOEM Guidelines do not address this request. However, ODG on functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. In this case, ODG does recommend flexibility testing as part of followup visits and routine examination. It is not indicated as a separate billable service. Therefore, the request is not medically necessary.