

Case Number:	CM14-0033282		
Date Assigned:	06/20/2014	Date of Injury:	06/10/2012
Decision Date:	11/13/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine 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:

58 year old female meat department clerk developed a repetitive use injury to her right shoulder due to her work and reported it on 10 Jun 2012. She was diagnosed with a right shoulder sprain, bilateral shoulder impingement, right wrist tendinitis and cervical radiculopathy. She has the following comorbid conditions: thyroid disease (hyperthyroidism), obesity and depressive disorder. Presently she complains of pain in her left upper extremity on and off with radiation into her upper back and aggravated by overhead activities. She continues to have numbness in her hands, constant pain in the right side of her neck and right trapezius which is worsened when turning her neck to either side or up or down. Examination (Jun 2014) showed full range of motion in both shoulders without any signs of impingement. Neck had decreased range of motion to extension and lateral flexion (left and right). Deep tendon reflexes and sensation (light touch and pinprick) in upper extremities was normal. Right shoulder MRI (in 2012) showed a rotator cuff tear. Subsequent right shoulder MR angiogram (Jun 2012) confirmed diagnosis and noted other degenerative changes. Cervical MRI (Feb 2013) revealed disc bulge at C5-6 (2-3 mm) with mild to moderate right neural foramen narrowing and moderate spinal canal stenosis and revealed disc bulge at C6-7 (3 mm) with moderate spinal canal stenosis. Cervical xrays (Jun 2014) showed degenerative changes at C5-6-7. Electromyogram (EMG) and nerve conduction velocity (NCV) study (Nov 2012) showed a C5-6 radiculopathy and moderate bilateral carpal tunnel syndrome. Treatment has included surgery to the right shoulder (twice - Aug 2012 and Jul 2013), cold packs, physical therapy, cortisone injection into right shoulder and medications (Anaprox, Tylenol, Tramadol, Theraproxen, naprosyn, Theramine and Celexa). Her orthopedist restricted her work activity to "precluded from lifting over 35 lbs, repetitive above shoulder activities and repetitive turning of the neck." A different provider (psychiatry and neurology

specialist) felt that "there are no work restrictions that can be identified on a psychiatric or orthopedic basis that could return [the patient] to the open labor market."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 4-5, 12; 21-2; 77, 80-2, 85. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hart DL, Isernhagen SJ, Matheson LN. Guidelines for Functional Capacity Evaluations of People with Medical Conditions. J Orthop Sports Phys Ther. 1993;18:682-686.

Decision rationale: Functional Capacity Evaluations are a set of tests, practices and observations that are combined to determine the ability of an individual to function in a given set of work-related duties. It gives a more precise delineation of a patient's capabilities than can be determined from a routine exam. Thus, it more closely reflects the true functional abilities of an individual as they relate to job demands. The most recent evaluation of this patient by her orthopedist suggests she should be able to do some work. However, defining her limitations is not simple due to her residual symptomatology. His evaluation suggested some limitations but a subsequent evaluation by a different provider (specializing in psychiatry and neurology) suggested different restrictions. A Functional Capacity Evaluation should be able to resolve this issue and, if not able to return to her usual work, at least define parameters for work rehabilitation and training. Therefore the request is medically necessary.