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| <b>Case Number:</b>   | CM14-0059487 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 07/30/2012 |
| <b>Decision Date:</b> | 08/13/2014   | <b>UR Denial Date:</b>       | 04/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/30/2014 |

### 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 Internal Medicine and Pulmonary Disease 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 injured worker is a 44-year-old female who reported an injury on 07/30/2012 due to an unknown mechanism of injury. The injured worker complained of a lack of sleep as well as feeling sad, discouraged, and scared. She experienced heart palpitations, shakiness in her body, and muscular tension. On 01/27/2014, the physical examination revealed that the injured worker was experiencing a sad and anxious mood with body tension, and apprehensiveness. She was worried about her physical condition, and her future. On 10/02/2013 the physical examination revealed tenderness on palpation of the shoulder at the acromioclavicular joint, supraspinatus, infraspinatus, and bicipital on the left. She had a positive Tinel's sign in both wrists. The Phalen's test was positive on the right hand, but negative on the left. The cervical spine sensory exam was intact. There were slight deficits with range of motion on extension at 50 degrees, and rotation at 70 degrees. The lumbar spine presented with range of motion deficits with flexion at 25 degrees, extension 10 degrees, lateral bending on left 15 degrees and right 20 degrees, rotation 30 degrees. The injured worker had a MRI of the lumbar spine. The injured worker had a diagnoses of disorders of bursae and tendons in bilateral shoulders, displacement of cervical intervertebral, cervical radiculopathy, osteoarthritis in shoulder, myalgia, insomnia, bilateral carpal tunnel syndrome, displacement of lumbar intervertebral disc, low back pain, degeneration of lumbar or lumbosacral intervertebral disc, and lumbar facet joint syndrome/hypertrophy. Past treatments included acupuncture, chiropractic therapy, psychotherapy, hypnotherapy, psychiatric therapy, and epidural steroid injections. A list of the injured worker's medications was not provided within the documentation submitted for review. The injured worker had persisting symptoms of anxiety and depression so the physician felt she needed continued treatment. On 11/22/2013, the physician stated the need for the internal medicine specialist was because the

injured worker had complaints of stomach irritation most likely due to the medication usage. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Follow up with Internal Medicine Specialist times 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Guidelines, Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

**Decision rationale:** The request for a follow-up with an internal medicine specialist times 1 is not medically necessary. The injured worker has a history of feeling sad, discouraged, and scared. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The physician recommended the injured worker see an internist due to complaints of stomach irritation most likely due to the medication usage. There is no documentation indicating the results of a previous visit with an internal medicine specialist. Due to the lack of documentation, the request is not medically supported. Given the above, the request for a follow-up with an internal medicine specialist times 1 is not medically necessary.

#### **Functional Capacity Evaluation times 1: 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) Fitness for Duty, Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

**Decision rationale:** The request for a Functional Capacity Evaluation times 1 is not medically necessary. The ODG Guidelines state that a functional capacity evaluation is only recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. It is not recommend as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. There was no rationale provided for this request. In addition, there was no

documentation or evidence that the injured worker was about to enter a work hardening program. The requesting physician did not provide a recent complete assessment of the injured worker's functional condition which demonstrated the injured worker's complaints and indicated the presence of functional deficits. Due to the lack of documentation, the request was not medically supported. Given the above, the request for a Functional Capacity Evaluation times 1 is not medically necessary.