

<b>Case Number:</b>	CM14-0065270		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Illinois. 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 52-year-old female who reported an injury on 11/09/2011. The injured worker began developing symptoms of pain in the neck, both shoulders, muscle spasm in the upper back between the shoulder blades, making it difficult to turn her neck to the right and left completely with loss of range of motion. The injured worker worked as a sheriff's custody specialist 12 hours a day, 48 hours per week. The injured worker had a Functional Capacity Evaluation on 04/01/2014 and she was deemed able to return to work at full capacity on 04/03/2014. She was evaluated on 04/01/2014 and it was documented the injured worker complained of pain in both shoulders, describing it as restricted movement of shoulders, muscle spasm that restricted movement in any direction. If used repetitively, they caused increased spasm and created a lot of pain with minimum movement. Pain was rated on average as 3/10 to 4/10, at its worst it was 8/10. There was muscle spasm in the trapezius regions. Pain was improved with rest, pain medication, and muscle relaxants. She did experience some rare symptoms of numbness in the upper arms around the shoulders but no particular numbness in the hands. The numbness occasionally awakened the injured worker at night. She also had stiffness and difficulty turning her head completely to the right or left. There was pain in the neck and mid back which was described as aching, constant, tightness in the neck and shoulders along with mid back. There was pain that radiated to the extremities, sometimes aggravated the spine, mostly the upper and lower spine. The pain was worse in the neck with repetitive motions or rotating continuously, alleviated with small amplitude stretching and medication. The physical examination of the cervical spine revealed forward flexion was 50 degrees, extension was 55 degrees, right/left lateral flexion was 20 degrees, right rotation was 35 degrees, and left rotation was 40 degrees. Spurling's test right/left was negative. Axial compression test right/left was negative. Upper extremity radial pulses were palpable and within normal limits bilaterally.

Sensation to light touch and pinprick was intact bilaterally in the upper extremities. Motor power was within normal limits bilaterally. Motor examination range of motion was intact bilaterally. On examination, range of motion was normal, thoracic range of motion was intact. Lumbosacral spine examination revealed shoulders and iliac crests were parallel. The injured worker had some tenderness and limitation in rotation and side bending in the lumbosacral spine with pain at the lumbosacral junction and SI joint. The injured worker had minimal difficulty squatting. Knee jerks and ankle jerks were within normal limits. Muscle strength was within normal limits bilaterally, and leg lengths were equal. The injured worker's treatment history included physical therapy, medications, x-rays, MRI, acupuncture treatment, and massage and laser therapy. A Request for Authorization or rationale was not submitted for this review.

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

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

#### **Review of FCE, Cervical Spine and Upper Extremities (DOS 4/1/2014): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

**Decision rationale:** In the Official Disability Guidelines state that a functional capacity evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability guidelines to consider a functional capacity evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. The documentation submitted indicated the injured worker had the functional capacity evaluation on 04/01/2014 and was deemed on 04/03/2014 to return back to work. The provider noted the injured worker had conservative care, however, the outcome measurements were not submitted for this review. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. Given the above, the request for review functional capacity evaluation, cervical spine and upper extremities (DOS 04/01/2014) is not medically necessary.