

Case Number:	CM14-0197222		
Date Assigned:	12/05/2014	Date of Injury:	04/06/2013
Decision Date:	07/29/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old woman sustained an industrial injury on 4/6/2013. The mechanism of injury is not detailed. Diagnoses include right shoulder bursitis and tendinitis, bicipital tenosynovitis, partial tear of the rotator cuff tendon, medial and lateral epicondylitis of the right elbow, and olecranon bursitis of the right elbow. Treatment has included oral medications physician notes on a PR-2 dated 6/24/2014 show complaints of right shoulder, right elbow, and cervical spine pain with numbness to the right arm. Recommendations include surgical intervention, physical therapy, two topical analgesic creams, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3xwk X 4wks Right Shoulder and Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Elbow section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, postoperative physical therapy three times per week times four weeks to the right shoulder and right elbow is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bursitis and tendinitis right shoulder; bicipital tenosynovitis; partial tear rotator cuff; medial and lateral epicondylitis right elbow; and olecranon bursitis right elbow. The documentation states the injured worker is to start postoperative physical therapy on September 22, 2014. The guidelines recommend a six visit clinical trial. The treating provider exceeded the recommended guidelines by requesting 12 sessions postoperative physical therapy. The nature of the surgery and the specific surgical procedure is not documented in the medical record. Consequently, absent clinical documentation with a specific surgical procedure, a request for 12 post operative visit the therapy sessions with guideline recommendations for a six visit clinical trial, postoperative physical therapy three times per week times four weeks to the right shoulder and right elbow is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examination and Consultations. pg. 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examination and Consultations, Pages 137-138.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are bursitis and tendinitis right shoulder; bicipital tenosynovitis; partial tear rotator cuff; medial and lateral epicondylitis right elbow; and olecranon bursitis right elbow. The documentation shows the injured worker was terminated from her job for failure to return to work. The specific details are not documented in the medical record. There is no clinical rationale in the medical record for the

functional capacity evaluation (FCE) at this time. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation is premature because the injured worker has not yet started postoperative physical therapy (for the shoulder). Additionally, there is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, functional capacity evaluation is not medically necessary.