

<b>Case Number:</b>	CM14-0208828		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a patient with a date of injury of April 24, 2013. A utilization review determination dated November 24, 2014 recommends noncertification of functional capacity evaluation and nerve conduction velocity/EMG of right upper extremity. Noncertification of electrodiagnostic testing is due to no documentation of neurologic dysfunction. Noncertification for the functional capacity evaluation was due to lack of documentation indicating that the patient is approaching maximum medical improvement and has failed conservative treatment. A progress report dated November 19, 2014 identifies subjective complaints of neck pain and lower back pain radiating into the upper and lower extremities with numbness and weakness. Physical examination reveals decreased grip strength in bilateral wrists and positive impingement and Hawkins signs in the right shoulder. Diagnoses include cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, foot sprain/strain, wrist tendinitis/bursitis, and shoulder rotator cuff tear. The treatment plan recommends electrodiagnostic studies and a functional capacity evaluation. A progress report dated October 22, 2014 states "we are not planning any aggressive treatment."

### 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 ACOEM, Functional Capacity Evaluation

(FCE), pages 137-138; ACOEM Chapter 7 Independent Medical Examinations and Consultations, pages 132-139

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

**NCV/EMG of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG), Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG/NCS of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. It is important to perform a thorough neurologic examination and attempt to identify the neurologic lesion prior to requesting electrodiagnostic studies. In the absence of such documentation, the currently requested EMG/NCS of right upper extremity is not medically necessary.