

Case Number:	CM15-0019525		
Date Assigned:	02/09/2015	Date of Injury:	11/04/2010
Decision Date:	04/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 11/04/2010. The patient has a history of chronic pain. The injured worker was diagnosed with cervical spine sprain/strain and right upper extremity radicular symptoms, right shoulder sprain/strain, right tennis elbow, right wrist sprain/strain, and rule out carpal tunnel syndrome. The note on 12/22/2014 the injured worker had muscle spasms. There was tenderness to palpation about the right upper trapezius, paravertebral, and suboccipital muscles. Cervical compression was negative and Spurling's test was negative. There was decreased range of motion of the cervical spine. Motor power was decreased to manual testing in the right deltoids at 4/5. There was tenderness to palpation along the posterior capsule of the right shoulder. The impingement test was positive in the right. Drop arm test was positive on the right. There was decreased range of motion bilaterally in the shoulders, elbows, and wrists. The injured worker had multiple x-rays of the cervical spine, the right shoulder, right elbow, and right wrist performed. She reported constant pain in her shoulder with numbness, tingling, and a burning sensation radiating down the right upper extremity. Treatment included x-rays, cyclobenzaprine cream, ibuprofen cream, braces for carpal tunnel syndrome, and a Functional Capacity Evaluation. The injured worker is currently working modified duties with restrictions of limited overhead activity to the comfort level of the injured worker, no climbing, forceful repetitive grasping, gripping, or torquing with the right upper extremity. It was noted that a Functional Capacity Evaluation is important for the primary treating physician to assess activities of daily living at the beginning of treatment plan according to ACOEM and regular assessment of activities of daily living throughout treatment as opposed

to having activities of daily living assessed for the first time and then Maximum Medical Improvement. The request is for 1 functional capacity evaluation. The request for authorization was dated 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The request for 1 functional capacity evaluation was not supported. The injured worker had a history of chronic back pain. The California MTUS Guidelines state that a Functional Capacity Evaluation is recommended prior to the admission of a work hardening program. The provider recommended a Functional Capacity Evaluation to assess the injured worker based on activities for ADLs; however, the guidelines indicate that they are not recommended for routine use as part of a generic assessment in which the question is whether or not someone can do their job generally. There was a lack of complex issues such as significant co-morbidities or other musculoskeletal dysfunctions. The injured worker had returned to work at modified capacity with limitations. The injured worker has not reached or is close to Maximum Medical Improvement. She does not meet the criteria for Functional Capacity Evaluation. Therefore, the request is not medically necessary.