

<b>Case Number:</b>	CM15-0136164		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Emergency 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 1/21/14. She has reported initial complaints of a pop in both shoulders and back after preventing a patient from falling. The diagnoses have included cervical spondylosis, thoracic spondylosis, lumbar spondylosis, rotator cuff syndrome of the bilateral shoulders, carpel tunnel syndrome bilateral wrists, and tendinitis/bursitis of the hands and wrists. Treatment to date has included medications, activity modifications, diagnostics, acupuncture and physical therapy. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of cervical pain and stiffness, thoracic spine pain, lumbar spine pain, bilateral shoulder pain that radiates to the neck and arms, and bilateral wrist and hand pain with numbness and tingling. The physical exam reveals cervical spasm and tenderness, positive axial compression test, positive distraction test bilaterally and positive shoulder depression test bilaterally. There was thoracic spasm and tenderness. There was lumbar tenderness and spasm, positive Kemp's test, positive straight leg raise on the right and positive Yeoman's and Braggart's test on the right. The shoulders revealed tenderness and spasm and positive Codman' test on the left, positive Speeds test bilaterally, positive supraspinatus test bilaterally and Neer's and push button tests were positive bilaterally. There was spasm and tenderness in the bilateral elbows and Cozen's test was positive bilaterally. There was spasm and tenderness in the bilateral wrists, positive Tinel's bilaterally, positive bracelet test bilaterally and positive Phalen's test bilaterally. Work status was released to work with restrictions until 7/6/15. The physician requested treatments included Retrospective (dos

5/6/15) outpatient qualified functional capacity evaluation (FCE) and Retrospective (dos 5/6/15) range of motion (ROM).

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

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

**Retrospective (dos 5/6/15) outpatient qualified functional capacity evaluation (FCE):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation (FCE).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

**Decision rationale:** As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The request for FCE is not medically necessary.

**Retrospective (dos 5/6/15) range of motion (ROM):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Range of motion (ROM).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

**Decision rationale:** As per ACOEM guidelines, Range of motion (ROM) testing is considered a part of basic physical exam assessment. If the provider believes that range of motion testing is somehow a special procedure, that is a billing question and is not a medical question. Standard range of motion is considered standard of care and no special testing is needed. Any special ROM testing is not medically necessary.