

<b>Case Number:</b>	CM15-0142098		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 54 year old female, who sustained an industrial injury on May 16, 2012. She reported left long finger pain. The injured worker was diagnosed as having fractured left long finger. Treatment to date has included MRI, electrodiagnostic study, physical therapy, paraffin wax bath, heat and cold therapy, ultrasound, bilateral wrist braces-sleeves, home exercise program, medication, acupuncture, toxicology screens and surgery. Currently, the injured worker complains of left wrist and hand pain that radiates to her left forearm accompanied by numbness and tingling of her fingers. The injured worker is diagnosed with left carpal tunnel syndrome, left middle finger tendonitis, left wrist and hand subchondral cyst and cervical sprain-strain with mild herniated disc without myelopathy. Her work status is off work. A note dated June 26, 2015 states the injured workers gait is normal. Response to treatment was not included in the documentation. The following, Functional Capacity Evaluation, ortho shock-wave therapy to left wrist, hands (3 sessions to each body part) and gait analysis study is requested.

### 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 Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed, remaining off work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.

**Ortho shock-wave therapy to left wrist, hands, 3 sessions to each body part:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Extracorporeal shock-wave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), pages 915-916.

**Decision rationale:** Report from the provider does not specify frequency or duration of ESWT or specific indication. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication or diagnosis to support for this treatment. The Official Disability Guidelines recommend extracorporeal shockwave therapy to the shoulder for calcific tendinitis, limited evidence for patellar tendinopathy and long-bone hypertrophic nonunions; plantar fasciitis, Achilles tendinopathy or neuropathic diabetic foot ulcer; however, submitted reports have not identified any diagnoses amenable to ECSW treatment for the listed diagnoses involving left carpal tunnel syndrome, left middle finger tendonitis, left wrist and hand subchondral cyst and cervical sprain-strain with mild herniated disc without myelopathy. Submitted reports have not adequately demonstrated any diagnosis or clinical findings to support for the ECSW treatment. The Ortho shock-wave therapy to left wrist, hands, 3 sessions to each body part is not medically necessary and appropriate.

**Gait Analysis Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, Flexibility, Stretching.

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

**Decision rationale:** Submitted reports have not demonstrated the indication, symptom complaints, clinical findings, diagnosis, or co-morbidities to support for the gait analysis study. There are no new acute injury, red-flag conditions, or progressive deterioration in ADLs involving gait issues. Review showed no complaints involving the lumbosacral spine or lower extremities, clinical exam of neurological deficits or difficulty in ambulation requiring assistive devices or person assist requiring gait analysis. Reports of 1/27/15 and 5/29/15 noted normal gait exam. The Gait Analysis Study is not medically necessary and appropriate.