

Case Number:	CM15-0143627		
Date Assigned:	08/04/2015	Date of Injury:	07/29/2011
Decision Date:	09/09/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on July 29, 2011. The injured worker was diagnosed as having cervical spondylosis without myelopathy, rotator cuff syndrome, epicondylitis of the elbows, carpal tunnel syndrome and hand-wrist tendinitis-bursitis. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated May 21, 2015 provides the injured worker complains of headaches, neck, shoulder, and arm pain. She reports shoulder pain radiates to the neck, elbow pain radiates up and down the arms and numbness and tingling in the wrists and hands. Physical exam notes cervical spasm, right shoulder surgical scars with spasm, tenderness to palpation and positive Neer's test. There is right elbow surgical scaring with spasm and tenderness to palpation. Cozen's and Tinel's sign are positive bilaterally. The wrists and hands are tenderness to palpation with spasm and positive Tinel's, bracelet and Phalen's test. The plan includes pain management, neurological consultation and functional capacity evaluation (FCE). The medication list includes Fioricet, Tramadol and Tylenol#3. The patient has had MRI of left and right shoulder on 12/13/14 that revealed tendinosis and tenosynovitis; MRI of right shoulder on 1/06/15 that revealed tendinosis and tenosynovitis. The patient had received an unspecified number of the PT and acupuncture visits for this injury. The patient's surgical history include right shoulder, right wrist and right elbow surgery. The patient has had MRI of the cervical spine on 8/25/14 that revealed central canal stenosis; X-ray of cervical spine on 5/7/15 that revealed spondylitic changes; EMG in 2014 that revealed mild CTS. Physical examination of the cervical spine and upper back on 5/7/15 revealed muscle spasm, tenderness on palpation, positive axial compression test,

decreased reflexes and positive supraspinatus test, positive Tinel and Phalen sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Consultation: Overturned

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 Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Treatment to date has included multiple surgeries, therapy and medication. A progress note dated May 21, 2015 provides the injured worker complains of headaches, neck, shoulder, and arm pain. She reports shoulder pain radiates to the neck, elbow pain radiates up and down the arms and numbness and tingling in the wrists and hands. Physical exam notes cervical spasm, right shoulder surgical scars with spasm, tenderness to palpation and positive Neer's test. There is right elbow surgical scarring with spasm and tenderness to palpation. Cozen's and Tinel's sign are positive bilaterally. The wrists and hands are tenderness to palpation with spasm and positive Tinel's, bracelet and Phalen's test. The patient's surgical history include right shoulder, right wrist and right elbow surgery. The patient has had MRI of the cervical spine on 8/25/14 that revealed central canal stenosis; X-ray of cervical spine on 5/7/15 that revealed spondylitic changes; EMG in 2014 that revealed mild CTS. Physical examination of the cervical spine and upper back on 5/7/15 revealed muscle spasm, tenderness on palpation, positive axial compression test, decreased reflexes and positive supraspinatus test, positive Tinel and Phalen sign. The patient is also on controlled substances. Therefore this complex case with significant history and objective evidence of neurological abnormalities and the management of this case would be benefited by a Neurological Consultation. The request for Neurological Consultation is medically necessary and appropriate for this patient.

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 Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Functional capacity evaluation (FCE).

Decision rationale: Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job." Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: "The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." The criteria listed in the guidelines that would require a FCE were not specified in the records provided. Complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." She was certified for 10 PT visits for this injury. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. Response to conservative therapy including PT was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Functional Capacity Evaluation is not medically necessary or fully established for this patient.