

Case Number:	CM15-0148629		
Date Assigned:	08/11/2015	Date of Injury:	05/25/2012
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 05-25-2012. He has reported injury to the neck and right shoulder. The diagnoses have included right shoulder sprain-strain; right shoulder impingement; cervical spine sprain-strain; displacement of cervical intervertebral disc; brachial neuritis or radiculitis; and myalgia-myositis. Treatment to date has included medications, diagnostics, ice, heat, chiropractic therapy, and physical therapy. Medications have included Naproxen. A progress report from the treating physician, dated 07-16-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right shoulder pain; the pain is constant and dull and there are radiations of pain and numbness to the right deltoid extending to the right distal digits; cervical spine pain; the pain is constant and dull; headache symptoms; and the pain is relieved by medication. Objective findings included hypoesthesia on the right at the C5-C8 dermatomes with pinwheel examination of the upper extremities; decreased ranges of motion of the right shoulder; he experienced increased mild to moderate pain and symptoms in the right shoulder region with all active ranges of motion; decreased ranges of motion of the cervical spine; he experienced increased moderate to severe pain in the cervical region with all active ranges of motion; Valsalva's test is positive with increased pain and symptoms in the cervical spine; foraminal compression and Soto-Hall tests are positive; and mild to moderate pain, tenderness, and muscle spasms are noted on palpation of the cervical paraspinal musculature, as well as the right shoulder girdle musculature. The treatment plan has included the request for physical performance test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Performance Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Fitness for Duty, Guidelines for performing an FCE.

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) Chapter7, p63-64.

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for neck pain, radiating right shoulder pain, and headaches. He was seen on 07/16/15. Physical examination findings included decreased and painful cervical spine range of motion with positive Valsalva's, foraminal compression, and Soto-Hall tests. There was decreased right shoulder range of motion with mild to moderate pain. There was decreased right upper extremity sensation. There was cervical paraspinal muscle tenderness with muscle spasms. Strength testing could not be performed due to an increased level of pain and symptoms. Authorization for chiropractic treatment in conjunction with physical therapy for a six visit trial was requested with a goal of increasing the claimant's functional capacity. A physical performance test was requested to determine work restrictions. A functional capacity evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional treatments intended to improve his capacity. He is not considered at maximum medical improvement and requesting a physical performance test at this time is not medically necessary.