

Case Number:	CM15-0149607		
Date Assigned:	08/12/2015	Date of Injury:	01/27/2014
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	08/01/2015

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: North Carolina

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 48 year old male who sustained an industrial injury on 1-27-14. The primary treating physician report dated 10-9-14 indicates that the injured worker developed a "cumulative trauma injury" to his left shoulder and both hands and wrists. Per the report, he began experiencing pain in his left shoulder, both hands, and both wrists in February 2012, but continued to work despite persistent, increasing symptoms. He, eventually, reported the injury to his supervisor and was referred to medical personnel for evaluation. His initial treatment was with pain medications and physical therapy. He was diagnosed with left shoulder sprain and strain and enthesopathy of bilateral wrist and carpus. An MRI of the left shoulder and both wrists was requested. The report indicates that the injured worker "does not want to continue with therapy since he has not had any significant improvement with previous therapy." On 6-2-15, the injured worker continued to complain of "continuous stabbing left shoulder pain and pain radiating to his left clavicle". He rated the pain as a "3 out of 10". The pain increases with rotation, reaching overhead, lifting, carrying, pushing, and pulling. He reported that medications help to relieve the pain. He also complained of "continuous stabbing and aching left clavicle pain with pain radiating to the left rib cage". He reported that the pain level varied throughout the day, but rates it a "3 out of 10". He reported that medications help relieve the pain. His last complaint was of "continuous" pain in both hands and wrists. He rated this pain as "8 out of 10". He reported that the pain was aggravated with repetitive flexion, grasping, gripping, pushing, pulling, and when opening jars and bottles. He complained of numbness, tingling, weakness and loss of grip. He reported that medications and rest helped to relieve the pain. He was noted to be

taking over-the-counter anti-inflammatory medications as needed. He was diagnosed with left shoulder impingement syndrome and rule out bilateral carpal tunnel syndrome. He had received a left shoulder injection in March 2015, as well as undergoing an MRI and nerve conduction study. Treatment was to refer to a hand specialist to rule out carpal tunnel bilaterally. Other recommendations included an orthopedic surgeon referral for left shoulder treatment, MRI of the left shoulder, EMG-NCV of bilateral upper extremities for left shoulder, and an initial functional capacity evaluation regarding left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not certified. Therefore, the requested treatment is not medically necessary.