

Case Number:	CM15-0165067		
Date Assigned:	09/02/2015	Date of Injury:	02/07/2014
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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:

This 41 year old male sustained an industrial injury on 2-07-14. He subsequently reported right shoulder and left index finger pain. Diagnoses include sprain of shoulder and upper arm and index finger strain. Treatments to date include MRI testing, modified work duty and prescription pain medications. The injured worker has continued complaints of right shoulder and left index finger pain. Upon examination, there was spasm and tenderness in the right rotator cuff muscles and right upper shoulder muscles. Codman's, Speed's and Supraspinatus tests were positive on the right. There was spasm and tenderness on the left index finger. Bracelet test was positive on the left. A request for Qualified Functional Capacity Evaluation (QFCE) and Range of Motion Measurements: Right Shoulder/Left Hand-Finger was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation (QFCE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, p 63-64.

Decision rationale: The claimant sustained a work-related injury in February 2014 and is being treated for right shoulder pain. In April 2015, he was seen for an orthopedic evaluation. He was doing extremely well and conservative treatments were continued. There was consideration of an injection or surgery if there were persistent symptoms. He was not working due to lifting restrictions. In June 2015, imaging results were reviewed. There was labral degeneration with mild rotator cuff tendinosis and moderate acromioclavicular joint arthropathy. When seen, there was shoulder tenderness with spasms. There was left finger tenderness with spasms and positive bracelet test. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant's current work status is unknown. Surgery or other treatment is being offered and whether the claimant had decided for or against undergoing more invasive treatment is unknown. It is not clear how the requested functional capacity evaluation would be used to direct his care. Requesting a Functional Capacity Evaluation at this time is not medically necessary.

Range of Motion Measurements: Right Shoulder/Left Hand-Finger: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM) (2) Knee & Leg (Acute & Chronic), Computerized muscle testing.

Decision rationale: The claimant sustained a work-related injury in February 2014 and is being treated for right shoulder pain. In April 2015, he was seen for an orthopedic evaluation. He was doing extremely well and conservative treatments were continued. There was consideration of an injection or surgery if there were persistent symptoms. He was not working due to lifting restrictions. In June 2015 imaging results were reviewed. There was labral degeneration with mild rotator cuff tendinosis and moderate acromioclavicular joint arthropathy. When seen, there was shoulder tenderness with spasms. There was left finger tenderness with spasms and positive bracelet test. Range of motion should be a part of a routine musculoskeletal evaluation. The extremities have the advantage of comparison to the other side, and there is no useful clinical application of sensitive computerized testing. The claimant's treating provider would be expected to be able to measure range of motion using conventional techniques. The requested separate range of motion testing was not medically necessary.