MAXIMUS Federal Services

Case Number:	CM15-0165101		
Date Assigned:	09/03/2015	Date of Injury:	06/10/2015
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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 63 year old female with an industrial injury dated 06-10-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, lumbar spine musculoligamentous injury without discopathy, right shoulder trapezial myofascitis and bilateral wrist overuse syndrome. Treatment consisted of home exercises and follow up visit. Medical records (6-22-2015) indicate complaints of neck pain, upper back pain, low back pain, bilateral shoulder pain with weakness and decreased range of motion. The injured worker also reported bilateral wrist and finger pain with weakness, decreased range of motion, numbness and tingling. Objective findings (6-22-2015) revealed bilateral cervical paraspinal muscle tenderness with spasms, increased tone in trapezius musculature and tenderness, impingement sign, and tender painful arc of motion. Right wrist, dorsal capsular and radial side tenderness was also noted on exam. Treatment plan consisted medication management, physical medicine, chiropractic care, MRI of shoulder, Functional Capacity Evaluation and NIOSH (National Institute for Occupational Safety and Health). The injured worker's work status was temporary total disability (TTD). The treating physician requested services for NIOSH Testing Every 30 Days and Functional Capacity Evaluation. Utilization Review determination on 07-28-2015, non-certified the request for NIOSH Testing Every 30 Days and Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NIOSH Testing Every 30 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility, pages 423-424.

Decision rationale: Review indicates the NIOSH Testing refers to FCE and Manual Muscle testing along with cholinesterase inhibitor challenge test without any history or diagnosis for myasthenia gravis. The patient continues to treat for this June 2015 injury without indication for FCE every 30 days. Computerized muscle testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized muscle strength testing and ROM outside recommendations from the Guidelines has not been established. The NIOSH Testing Every 30 Days is not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

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. It appears the patient has not reached maximal medical improvement and continues to treat for 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.