

Case Number:	CM15-0167309		
Date Assigned:	09/08/2015	Date of Injury:	01/29/2015
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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 62 year old female who sustained an industrial injury on 1-29-2015. She was injured by cumulative trauma. She has reported injury to the cervical spine, shoulders, and wrist and hands and has been diagnosed with cervical spondylosis without myelopathy, carpal tunnel syndrome, tendinitis, bursitis of hands, wrists, and bursitis and tendinitis of the shoulders. Treatment has been included conservative measures. There was +1 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7 and bilateral suboccipital muscles. Axial compression test was positive. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. There was a trigger point to the bilateral upper shoulder muscles. Speeds test was positive bilaterally. There was +3 spasm and tenderness to the bilateral anterior wrists, posterior extensor tendons, and thenar eminances. Tinel's test was positive bilaterally. The treatment plan included a functional capacity evaluation. The treatment request included follow up visit with range of motion measurement and qualified functional capacity evaluation for bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurement and addressing ADLs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. In this case, the request is for range of motion testing which is not supported as a separate issue from the routine physical exam per the ACOEM and therefore the request is not medically warranted.

Qualified functional capacity evaluation for bilateral wrists: 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), Guidelines for performing an FCE.

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.