

<b>Case Number:</b>	CM15-0180968		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 is a 51 year old male with a date of injury of May 8, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical herniated nucleus pulposus, cervical radiculopathy, and worsening atrophy of the left arm. Medical records dated May 12, 2015 indicate that the injured worker complains of worsening neck pain and upper extremity pain, worsening atrophy and weakness, back pain, leg pain, and shoulder pain. The physical exam dated May 12, 2015 reveals pain to palpation over the cervical muscles and facets, limited range of motion of the cervical spine secondary to pain and severe stiffness, left upper extremity atrophy and weakness (3 out of 5) in the left brachioradialis and left triceps, decreased motor strength of the left biceps (4 to 4 out of 5), diminished sensation in the left upper extremity in the C6 and C7 distribution, absent left triceps and left brachioradialis reflexes, and positive Spurling's. The progress note dated August 6, 2015 documented a physical examination that showed no changes since the examination on May 12, 2015. Per the treating physician (August 6, 2015), the employee has not returned to work. Treatment has included physical therapy sessions, activity modification, epidural injection, and medications. The original utilization review (August 21, 2015) non-certified a request for a functional capacity evaluation, hand consultation, and shoulder consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Functional Capacity Evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The injured worker sustained a work related injury on May 8, 2012. The medical records provided indicate the diagnosis of cervical herniated nucleus pulposus, cervical radiculopathy, and worsening atrophy of the left arm. Treatments have included physical therapy sessions, activity modification, epidural injection, and medications. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. The MTUS is not elaborate on Functional Capacity Evaluations; therefore reference was made to the Official Disability Guidelines. The Official Disability Guidelines Criteria for Functional Capacity Evaluations are as follows: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts, Conflicting medical reporting on precautions and/or fitness for modified job, Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured, Additional/secondary conditions clarified, Do not proceed with an FCE if, The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. The medical records indicate the injured worker is being referred for hand and shoulder evaluation; also, there is contemplation of surgery. Therefore the injured worker is far from maximal medical improvement. Functional Capacity Evaluations not medically necessary at this stage.

## **Hand consultation with the MPN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker sustained a work related injury on May 8, 2012. The medical records provided indicate the diagnosis of cervical herniated nucleus pulposus, cervical radiculopathy, and worsening atrophy of the left arm. Treatments have included physical therapy sessions, activity modification, epidural injection, and medications. The medical records provided for review do indicate a medical necessity for Hand consultation with the MPN. The medical records indicate physical examination findings of left shoulder and upper extremity weakness as well as triceps and brachioradialis weakness, atrophy of the left shoulder, biceps and forearm. In addition, the injured worker was noted to have weakness of the left forearm supinator, as well as sensory deficit involving C6- C7. The listed findings are suggestive of Radial nerve palsy. Medscape states that Radial nerve palsy in the middle third of the arm is characterized by palsy or paralysis of all extensors of the wrist and digits, as well as

the forearm supinators. Very proximal lesions also may affect the triceps. Numbness occurs on the dorsoradial aspect of the hand and the dorsal aspect of the radial three-and-a-half digits. The MTUS recommends surgical consideration when there are: Red flags of a serious nature, Failure to respond to conservative management, including worksite modifications, Clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention and therefore is medically necessary.

**Shoulder consultation with the MPN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The injured worker sustained a work related injury on May 8, 2012. The medical records provided indicate the diagnosis of cervical herniated nucleus pulposus, cervical radiculopathy, and worsening atrophy of the left arm. Treatments have included physical therapy sessions, activity modification, epidural injection, and medications. The medical records provided for review do indicate a medical necessity for Shoulder consultation with the MPN. The medical records indicate physical examination findings of left shoulder and upper extremity weakness as well as triceps and brachioradialis weakness, atrophy the left shoulder, biceps and forearm. In addition, the injured worker was noted to have weakness of the left forearm supinator, as well as sensory deficit involving C6- C7. The listed findings are suggestive of Radial nerve palsy. Medscape states that Radial nerve palsy in the middle third of the arm is characterized by palsy or paralysis of all extensors of the wrist and digits, as well as the forearm supinators. Very proximal lesions also may affect the triceps. Numbness occurs on the dorsoradial aspect of the hand and the dorsal aspect of the radial three-and-a-half digits. The MTUS recommends surgical consideration of the shoulder when there is a clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair and therefore is medically necessary.