

Case Number:	CM15-0181561		
Date Assigned:	09/22/2015	Date of Injury:	06/22/2015
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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: Arizona, California

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 52 year old female, who sustained an industrial injury on 6-22-15. The documentation on 7-29-15 noted that the injured worker has complaints of constant aching-type of midline and basal neck pain radiating to both shoulders, associated with numbness, stiffness, limited neck motion, headaches and sleep interruption; constant sharp, aching-type of pain across the entire upper back associated with tingling, shortness of breath and sleep interruption; constant sharp midline low back pain at below waist level and at the tail bone. The injured worker has sharp bilateral posterolateral shoulder pain radiating to both arms, associated with sleep interruption; frequent dull right knee pain associated with stiffness, limited right knee motion, swelling and sleep interruption; constant moderate sharp non-radiating right leg pain and sleep interruption. Cervical spine examination revealed there is tenderness to palpation over the bilateral paracervical, trapezium and levator scapulae muscles, right greater than left, with spasm palpably appreciated. Range of motion revealed flexion of 40 degrees, extension of 45 degrees, right lateral rotation of 65 degrees, left lateral rotation of 70 degrees, right lateral bending of 35 to 40 degrees and left lateral bending of 40 degrees with complaints of increased pain and pain radiating to the right upper extremity. Thoracic spine examination revealed tenderness to palpation over the bilateral paraspinal muscles, right greater than left. Lumbosacral spine examination revealed tenderness to palpation over the bilateral paraspinal muscles, right greater than left with spasm. Bilateral shoulder examination revealed tenderness to palpation over the bilateral shoulders particularly over the rotator cuff. Right elbow examination revealed tenderness to palpation at the lateral extensor muscle mass and lateral epicondylar area. The

diagnoses have included sprain of neck; brachial neuritis or radiculitis not otherwise specified and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included chiropractic therapy. The original utilization review (8-20-15) non-certified the request for patient education classes #1 and #2 and initial functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient education classes' #1 and #2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

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

Decision rationale: According to the guidelines, education is recommended. In this case, patient education was requested to assist with symptoms, exercise, recovery, etc. The claimant has significant pain in the shoulders, neck, etc along with sleep difficulties. The request for education as requested above is medically necessary and appropriate.

Initial Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty.

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

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation (FCE) is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, the physician had documented a full exam including the musculoskeletal system. No documentation on work hardening is provided. There is no indication that the FCE is the only means to determine work capacity and limitations. As a result, a functional capacity evaluation for the dates in question is not medically necessary.