MAXIMUS Federal Services

Case Number:	CM15-0187595		
Date Assigned:	09/29/2015	Date of Injury:	02/09/2013
Decision Date:	11/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/23/2015

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, New York, California
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:

The applicant is a represented 60-year-old who has filed a claim for chronic shoulder, neck, wrist, and elbow pain reportedly associated with an industrial injury of February 9, 2013. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for a Functional Capacity Evaluation and Norco, apparently ordered on or around July 23, 2015. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the decision to deny the Functional Capacity Evaluation and were, moreover, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of bilateral shoulder, bilateral elbow, and bilateral hand pain. The applicant was off of work and remained "disabled," the treating provider reported. Norco and an interferential unit were endorsed. The applicant was asked to pursue a shoulder arthroscopy. The applicant was given a rather proscriptive limitation of "no use of left upper extremity," seemingly resulting in the applicant's removal from the workplace. On an RFA form dated August 13, 2015, Norco and the Functional Capacity Evaluation at issue were endorsed. On an associated progress note dated July 23, 2015, the applicant reported multifocal complaints of shoulder, elbow, and wrist pain. A Functional Capacity Evaluation was sought while Norco was endorsed.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 137-138.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the request for a Functional Capacity Evaluation (FCE) is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work and "remained disabled," the treating provider reported on June 11, 2015. It was not clearly stated why functional capacity testing was sought in the face of the applicant's failure to return to work. It was not clearly stated why a Functional Capacity Evaluation was endorsed when it did not appear that the applicant had a job to return to as of the date of the request, July 23, 2015, i.e., over 2 years removed from the date of injury, February 9, 2013. It was not clearly stated, in short, why functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Functional Capacity Evaluation can be performed as a precursor to enrollment in a work hardening program, here, again, there was no mention of the applicant's considering or contemplating any kind of work hardening program as of the date in question, July 23, 2015. Therefore, the request is not medically necessary.

Norco 10/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work and "remained disabled," it was reported on June 11, 2015. The applicant's pain complaints were described as unchanged on that date. The attending provider likewise failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on July 23, 2015. Therefore, the request is not medically necessary.