

Case Number:	CM15-0188351		
Date Assigned:	09/30/2015	Date of Injury:	10/14/2013
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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, 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 60 year old female, who sustained an industrial injury on 10-14-2013. The injured worker was diagnosed as having cervical spine sprain-strain, right shoulder impingement syndrome, right rotator cuff tear, bilateral wrist-hand pain, and synovitis and tenosynovitis of the knee. Treatment to date has included diagnostics, cortisone injection, unspecified physical therapy, and medications. On 7-09-2015 (per the initial orthopedic evaluation), the injured worker complains of intermittent neck pain, increased with turning her head, flexing and extending the head and neck, reaching or lifting, and prolonged sitting or standing. Her neck pain varied throughout the day and was rated 5 out of 10. She reported intermittent right shoulder pain with radiation to the right arm, hand level. She noted a popping sensation and pain increased with rotation, reaching overhead, lifting, carrying, and pushing-pulling. Pain was variable and rated 10 out of 10. She reported intermittent right arm pain with radiation to the hand and fingers, increased with reaching, lifting, carrying, and pushing-pulling. Pain was variable and rated 10 out of 10. She reported intermittent pain in the right hand and fingers, increased with repetitive flexion, grasping, gripping, pushing-pulling, and opening jars-bottles. She reported numbness and tingling with weakness and loss of grip. Pain was variable and rated 4 out of 10. She also reported developing anxiety, depression, insomnia, nervousness, and frustration from work related trauma and stress. Current medication use included Motrin, Tramadol, Isomethadone, Lipozene, Lopressor HCT, Norco, and potassium. Physical exam noted a height of 65 inches, weight of 340 pounds, with blood pressure 167 over 112. She had a "normal affect" and was ambulatory with a "normal gait". Exam of the cervical spine noted no

remarkable findings. Exam of the shoulders noted decreased range of motion on the right and impingement sign and drop arm test positive on the right. Exam of the wrists-hands noted tenderness to palpation over the flexor carpi radialis bilaterally, triggering over both thumbs, and right grip strength greater than left. Exam of the knees noted patellar grind test positive bilaterally. It was opinionated that she had not reached maximum medical improvement and needed further treatment. Her work status was total temporary disability. The treatment plan included a functional capacity evaluation, non-certified by Utilization Review on 8-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: 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): Functional restoration programs (FRPs).

Decision rationale: CA MTUS supports Functional Restoration Evaluations in patients who meet certain criteria. In this case, the 60 year-old female has a date of injury of 10/14/2013 secondary to cumulative trauma. She is diagnosed with cervical spine strain/sprain, right shoulder impingement, right rotator cuff tear, bilateral hand/wrist pain and synovitis/tenosynovitis of bilateral knees. The patient has no worked since 10/2013 and no attempts at return to work are documented. Psychiatric problems include anxiety, depression, insomnia, nervous and frustration. Medical problems include hypertension and morbid obesity (340 lbs.). The patient remains temporarily totally disabled. A Functional Capacity Evaluation (FCE) was requested, however the medical records do not indicate a rationale for the request. MTUS criteria for a FCE are not met. There are documented failed attempts to return to work. And no discussion as to whether the patient is at or near maximal medical improvement. With no attempts to return to work in over 2 years, multiple orthopedic problems and morbid obesity, it is unlikely that an FCE and FRP would produce any successful results. Therefore the request is not medically necessary or appropriate.