

<b>Case Number:</b>	CM15-0188668		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/27/2015
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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

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 injured worker is a 27-year-old female who sustained an industrial injury on 5-27-2015. Diagnoses have included cervical sprain or strain, myofascitis, right shoulder sprain or strain, and right shoulder muscle spasm. Diagnostic tests include a 6-26-2015 neck X-ray showing straightening of the cervical curve; and an X-ray of the right shoulder stated to have had no abnormal findings. An MRI performed 8-4-2015 of the right shoulder found supraspinatus, infraspinatus and subscapularis tendinosis. Documented treatment includes 12 chiropractic treatments, 8 physical therapy sessions out of 12 as of 8-17-2015, and medication: Naproxen, Flexeril, Prilosec and transdermal analgesics. On 7-9-2015 the injured worker continued to report constant neck pain at 8 out of 10 radiating to the shoulders, especially on the right. Range of motion was reported as flexion 38 degrees, extension 40 degree, left lateral bending 28 degrees, right lateral bend 36 degrees, left rotation 55, and right rotation 58. Examination noted that there was tenderness to palpation over the cervical paravertebral muscles. She had also been reporting constant "burning" right forearm pain and numbness radiating to the hand with numbness. The treating physician's plan of care includes electromyogram and nerve conduction velocity studies for the upper right extremity and a functional capacity evaluation, which were both denied on 8-26-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (acute & chronic) Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS Guidelines support electrodiagnostic studies when there is evidence of neurological dysfunction, but the clinical picture remains unclear. This individual meets this criteria. No well defined focal loss is described, but the persistent extremity numbness that may be in a "stocking glove" distribution and is associated with diminished sensation can be further evaluated to help determine the basis of this subjective complaint. Under these circumstances, the requested EMG/NCV right upper extremity is consistent with Guidelines and is medically necessary.

**Functional Capacity Evaluation (FCE):** 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) Low Back (Lumbar and Thoracic (Acute & Chronic) 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) Fitness for Duty/Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.