

<b>Case Number:</b>	CM15-0188930		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female who sustained an industrial injury June 6, 2014. On March 20, 2015, she underwent left shoulder arthroscopy, partial synovectomy, chondroplasty glenoid, subacromial decompression with resection of the CA ligament, application of a brace and placement of a pain pump through a separate incision. Post-operative physiotherapy was ordered times twelve sessions and began April 8, 2015. A physical therapist note on the first day revealed the injured worker complained of 7 out of 10 left shoulder pain and an evaluation along with an initial assessment was performed. According to a primary treating physician's progress report dated August 17, 2015, the injured worker presented with complaints of constant severe left shoulder pain aggravated by using her arms, constant moderate left elbow pain, aggravated by using her arms, and constant severe cervical spine pain described as aching and made worse by lying down. Objective findings included; cervical trigger point to the bilateral paraspinal muscles from C4-C7 and bilateral suboccipital muscles, depression test positive on the left, decreased left biceps reflex; shoulders- 1+ spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles; Codman's, Speed's and supraspinatus tests test was positive on the left; elbows- 2+ spasm and tenderness to the left lateral epicondyle, Cozen's positive in the left. The physician documented the injured worker showed significant functional improvement with 12 prior sessions of physical therapy (unspecified). Diagnoses are cervical disc herniation without myelopathy; partial tear of rotator cuff tendon of the left shoulder; lateral epicondylitis of the left elbow; aftercare for surgery of the musculoskeletal system. At issue, is the request for authorization dated August 17, 2015, for range of motion

measurements, addressing activities of daily living, a functional capacity evaluation, and physical therapy (modalities) Quantity: (6). According to utilization review dated August 28, 2015, the requests for post-operative physical therapy, left shoulder Quantity: (6) and a post-operative follow-up office visit were certified. The requests for a Functional Capacity Evaluation, Range of Motion Measurements, addressing ADL's (activities of daily living) and Physical Therapy (modalities) Quantity: (6) were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Functional capacity evaluation qty: 1: 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), Fitness for Duty Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Functional Capacity Evaluation.

**Decision rationale:** The patient presents with left shoulder, left elbow and cervical spine pain. The current request is for Functional Capacity Evaluation quantity 1. The treating physician's report dated 08/17/2015 (330B) states, "The patient requires a Functional Improvement Measure through a Functional Capacity Evaluation (FCE). Functional Improvement Measure Evaluation/QFCE is used as an assessment measure that can be used repeatedly over the course of treatment per page 48 of the Chronic Pain Guidelines quoted below." The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The current request is not medically necessary.

#### **Range of motion measurements, addressing activities of daily living (ADLs) qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Functional Improvement Measures.

**Decision rationale:** The patient presents with left shoulder, left elbow and cervical spine pain. The current request is for Range of Motion measurements, addressing activities of daily living

(ADLs) quantity 1. The report making the request was not made available for review. The MTUS and ACOEM Guidelines do not address this request. However, ODG under the pain chapter on functional improvement measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: work function and/or activities of daily living, physical impairments, approach to self-care, and education. The records do not show any previous range of motion or muscle testing. In this case, ODG does recommend range of motion testing and muscle testing as part of follow-up visits and routine examination. However, it is not recommended as a separate billable service. The current request is not medically necessary.

**Physical therapy (modalities) qty: 6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

**Decision rationale:** The patient presents with left shoulder, left elbow and cervical spine pain. The current request is for Physical Therapy (modalities) quantity 6. The treating physician's report dated 08/17/2015 (330B) states, "██████ AME, recommended additional physical medicine, up to 12 more sessions, in his 07/07/2015 report. I am requesting authorization for 6 additional sessions of post-operative physical medicine for the left shoulder. MTUS Postsurgical Treatment Guidelines recommends 24 sessions of physical medicine and the patient has shown significant functional improvement with her 12 prior sessions." The patient is status post left shoulder arthroscopy from 03/20/2015. The MTUS Post-Surgical Guidelines page 26 and 27 on arthropathy recommends 24 visits over 10 weeks. The physical therapy report dated 05/27/2015 (184B) shows that the patient has completed 12 visits. The patient has decreased muscle guarding with limited AROM and PROM. Very tight stretching into ER. She is tolerating the progression to increase strengthening exercises. The patient has improved 60% toward her overall goal. In this case, the requested 6 sessions when combined with the previous 12 that the patient received are within guidelines. The current request is medically necessary.