

Case Number:	CM15-0193686		
Date Assigned:	10/07/2015	Date of Injury:	09/30/2008
Decision Date:	11/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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, 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 47 year old female with a date of injury on 09-30-2008. The injured worker is undergoing treatment for status post left cubital tunnel release on 9/15/11, status post right CUTR, mild left moderate right carpal tunnel syndrome-status post bilateral release-right-08-02-2012 and left 05-02-2013, chronic lumbosacral and right lower extremity radiculopathy, right piriformis syndrome, bilateral shoulder sprain and strain, cervical spine sprain-strain, right upper extremity radiculitis secondary to disc herniation, jaw and dental pain, major depression and severe coronary artery disease. A physician progress note dated 05-22-2015 documents the injured worker has complaints of ongoing neck, low back, bilateral wrist and shoulder pain. She received a Toradol injection with this visit due to pain, and a pain management consultation was recommended. On 06-15-2015, his main complaint is lumbar spine pain rated 5-8 out of 10 with radiation to the lateral aspect of the right thigh to the right big toe. She has occasional tingling and numbness on the same as the pain in the right lower extremity. She has occasional giving way of her right lower extremity. Lumbar range of motion is restricted. She also has occasional urinary incontinence. She can only walk short distances. She has severe depression and anxiety. She rates her pain level averages 6 out of 10 and 8 out of 10 at its worst. In a note dated 06-29-2015 documents continued bilateral wrist pain- right greater than left. There are ongoing carpal tunnel symptoms and she is status post bilateral carpal tunnel release. A recent wrist injection only provided temporary relief. A recommendation was made for a hand specialist consultation. Several documents within the submitted medical records are difficult to decipher. She is not working, she is temporarily totally disabled. Treatment to date has included diagnostic studies,

medications, status post bilateral carpal tunnel release, psychiatric evaluation and treatment. Medications include Norco, Xanax, Wellbutrin and Trazodone. A Magnetic Resonance Imaging of the left shoulder done on 04-30-2015 revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear, and mild arthropathy of the acromioclavicular joint. Magnetic Resonance Imaging of the right shoulder done on 04-29-2015 showed mild tenosynovitis of the long head of the biceps tendon, and mild tendinopathy of the supraspinatus tendon with no rotator cuff tear. Magnetic Resonance Imaging of the lumbar spine done on 05-11-2015 was unremarkable. There is an incidental note of a 1.8cm hyperintense mass involving the right adnexa region, which may represent an ovarian cyst. Patient had received 12 acupuncture, 6 chiropractic and 27 PT visits for this injury. The patient had ultrasound of the bilateral piriform region on 9/1/15 that revealed mild sciatic nerve entrapment on right. Per the AME note dated 8/31/15, the patient had complaints of pain in neck, back, shoulder with numbness, tingling and radiculopathy. Physical examination of the cervical and lumbar spine revealed tenderness on palpation, limited range of motion and negative Spurling test. The patient's surgical history includes Appendectomy. The patient has had FCE on 7/16/15. Per the QME note dated 6/15/15, the patient had complaints of pain in low back at 5-8/10 with numbness, tingling and radiculopathy. Physical examination of the lumbar spine revealed positive SLR and limited range of motion. The patient has had MRI of the lumbar spine on 2/2/09 that revealed disc protrusions, and on 5/11/15 revealed no significant abnormal findings; MRI of the cervical spine on 9/8/15 that revealed disc protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 1 functional capacity evaluation (DOS 07/16/2015): 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 : Functional Capacity Evaluation (FCE) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 09/09/15) Functional capacity evaluation (FCE).

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants." Consider an FCE if 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job." Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: "Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been

arranged. The criteria listed in the guidelines that would require a FCE was not specified in the records provided. The complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." Patient had received 12 acupuncture, 6 chiropractic and 27 PT visits for this injury. Response to conservative therapy including PT was not specified in the records provided. The request for Retrospective 1 functional capacity evaluation (DOS 07/16/2015) is not medically necessary for this patient.