

Case Number:	CM15-0197001		
Date Assigned:	10/12/2015	Date of Injury:	03/05/2014
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, 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 44 year old female who sustained an industrial injury on March 05, 2015. A recent primary treating office visit dated September 08, 2015 reported subjective complaint of "constant, moderate achy, neck pain and tingling radiating to the right shoulder." She also has complaint of "constant, moderate achy, low back pain and cramping." There is noted "constant, moderate achy, right shoulder pain and numbness radiating down hand with numbness; there is also complaint of "constant bilateral wrist pain." The following diagnoses were applied to this visit: cervical strain and sprain; cervical myofascitis, and cervical disc protrusion with nerve root compromise at C4-5 and C5-6; lumbosacral strain and sprain; lumbar muscle spasm; lumbar disc protrusion; bilateral shoulder strain and sprain with spasm; right shoulder impingement; left elbow strain and sprain rule out medial epicondylitis; left wrist strain and sprain; mild bilateral carpal tunnel; right DeQuervain's; psychiatric component; partial tear of supraspinatus tendon and tear of posterior labrum left shoulder; possible tear of TFCC ligament of bilateral wrists, and possible tear of radial collateral ligament of left elbow. The plan of care is with requested recommendation for: continuing home exercises, psychiatric referral; functional capacity evaluation and orthopedist for both cervical and lumbar spine; and orthopedic specialty follow up regarding bilateral elbow, bilateral wrist and bilateral shoulders. A secondary treating visit dated May 07, 2015 reported the patient not currently taking medications. There is noted current subjective complaint of "neck pain radiating into the bilateral shoulders." She was diagnosed with cervical discogenic pain. The plan of care noted recommending an epidural cervical injection. On September 09, 2015 a request was made for: functional capacity evaluation related to the cervical and lumbar spine; orthopedic referral and

orthopedic surgical referral for bilateral shoulders hat were all noted denied by Utilization Review on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, and Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Functional restoration programs (FRPs).

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. The referrals made for the specialist can provide information of functional limitation. In addition, a chiropractor who can also provide range of motion and functional information saw the claimant. As a result, a functional capacity evaluation for the dates in question is not medically necessary.

Referral to an Orthopedic hand specialist for bilateral elbows and wrists: Overturned

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

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 - pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has significant pain and findings of

TFCC tears. The claimant was under the care of a chiropractor and pain specialist, however, further evaluation by a hand specialist to determine limitations and interventions is necessary. Therefore the request is medically necessary.

Referral to an orthopedic surgeon for bilateral shoulders: Overturned

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

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 and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has significant pain in the shoulders and elbows. The claimant was under the care of a chiropractor and pain specialist, however, further evaluation by a hand specialist to determine limitations and interventions is necessary. Therefore the request is medically necessary.