

<b>Case Number:</b>	CM15-0022648		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 1/25/12. She has reported neck, back and bilateral upper extremity injuries. The diagnoses have included cervical disc herniation and radiculopathy of bilateral upper extremities, bilateral shoulder impingement, bilateral carpal tunnel with tendinitis, myofascial spasms, left shoulder strain due to compensation. Treatment to date has included medications, diagnostics, conservative measures, injections, acupuncture and physical therapy. Currently, the injured worker complains of right and left shoulder dull aching pain. The pain was rated 8/10 without medications and 7/10 with medications. The pain is aggravated by activities such as reaching overhead and lifting and relieved with rest and medications. The physical exam revealed bilateral shoulder tenderness was palpable, myospasm noted, and decreased range of motion bilaterally due to shoulder pain. Magnetic Resonance Imaging (MRI) of the left shoulder dated 12/30/14 revealed tendinosis. There was no documented therapy sessions or acupuncture sessions noted. Request was for Functional capacity evaluation. Work status was to remain off work until 2/13/15. On 2/21/15 Utilization Review non-certified a request for Functional capacity evaluation, noting that there was lack of information available for review and therefore not medically necessary. There were other evidenced based guidelines cited which were The American College of Occupational and Environmental Medicine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127, 132-139

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for radiating upper extremity pain. Return to work is referenced as pending the results of the requested Functional capacity evaluation. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, treatments have been extensive and there does not appear to be any planned additional treatment at this time. The claimant is therefore likely at maximum medical improvement. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.