

<b>Case Number:</b>	CM15-0026262		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: 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 37-year-old female, with a reported date of injury of 08/16/2013. The diagnoses include bursitis and tendinitis of the right shoulder, radiohumeral sprain/strain of the right elbow, carpal sprain/strain of the right wrist, rule out carpal tunnel syndrome, and dislocation of the right shoulder. Treatments to date have included an x-ray of the right shoulder, oral medications, an MRI of the right shoulder, nerve conduction velocity of both arms, and conservative therapy. The initial evaluation and report dated 11/21/2014 indicates that the injured worker complained of right shoulder pain and numbness, right elbow pain and numbness, and right wrist/hand pain. An examination of the shoulder showed spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles; and decreased range of motion. The examination of the elbow showed spasm and tenderness to the right lateral epicondyle; and decreased and painful range of motion. An examination of the wrist and hand showed decreased right C3, C4, and C5 dermatomes and myotomes, spasm and tenderness of the right anterior wrist and right posterior extensor tendons. The treating physician requested a qualified functional capacity evaluation, work conditioning/hardening screening program, and ten work hardening sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualified Functional Capacity Evaluation: 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 guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

**Decision rationale:** The patient presents with pain in the right shoulder, right elbow, right wrist and right hand. The request is for Qualified Functional Capacity Evaluation. Physical examination to the right shoulder on 11/21/14 revealed tenderness to palpation to the rotator cuff muscles and right upper shoulder muscles. Physical examination to the right elbow revealed tenderness to palpation to the lateral epicondyle. Patient has had physical therapy treatments with benefits. Per 11/21/14 progress report, patient's diagnosis include bursitis and tendinitis of the right shoulder, radiohumeral sprain/strain of the right elbow, carpal sprain/strain of the right wrist, r/o carpal tunnel syndrome (median nerve entrapment at wrist) , and dislocation of the right shoulder. Per 11/21/14 progress report, patient is temporarily totally disabled until 01/21/15. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, only two progress reports were provided. In progress report dated 11/21/14, treater states, "The patient is unable to dress herself, lift heavy items. The patient can barely do the following activities: washing dishes, cooking, and carrying grocery bags. The patient can perform the following activities but it always caused pain: carrying her hand bag." The treater does not explain why FCE is needed. The ACOEM does not support routine use of FCE's. It is indicated only when asked by the employer or claims administrator, or if the information from FCE is deemed crucial. There is little scientific evidence that FCE's predict an individual's capacity to work. The request is not medically necessary.

**Work Conditioning/Hardening Screening Program: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

**Decision rationale:** The patient presents with pain in the right shoulder, right elbow, right wrist and right hand. The request is for Work Conditioning/Hardening Screening Program. Physical examination to the right shoulder on 11/21/14 revealed tenderness to palpation to the rotator cuff muscles and right upper shoulder muscles. Physical examination to the right elbow revealed

tenderness to palpation to the lateral epicondyle. Patient has had physical therapy treatments with benefits. Per 11/21/14 progress report, patient's diagnosis include bursitis and tendinitis of the right shoulder, radiohumeral sprain/strain of the right elbow, carpal sprain/strain of the right wrist, r/o carpal tunnel syndrome (median nerve entrapment at wrist) , and dislocation of the right shoulder. Per 11/21/14 progress report, patient is temporarily totally disabled until 01/21/15. The MTUS Guidelines page 120 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, "Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In this case, only two progress reports were provided. In progress report dated 11/21/14, treater states, "The patient is unable to dress herself, lift heavy items. The patient can barely do the following activities: washing dishes, cooking, and carrying grocery bags. The patient can perform the following activities but it always caused pain: carrying her hand bag." The treater has asked for a screening evaluation but based on the treater's assessment of the patient, it does not appear the patient would benefit from work hardening program. The treater also does not mention whether or not the patient has a specific job to return to or that there is on-the-job training. The request is not medically necessary.

**Work Hardening x 10: 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); Physical Medicine Guidelines- Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

**Decision rationale:** The patient presents with pain in the right shoulder, right elbow, right wrist and right hand. The request is for WORK HARDENING X 10. Physical examination to the right shoulder on 11/21/14 revealed tenderness to palpation to the rotator cuff muscles and right upper shoulder muscles. Physical examination to the right elbow revealed tenderness to palpation to the lateral epicondyle. Patient has had physical therapy treatments with benefits. Per 11/21/14 progress report, patient's diagnosis include bursitis and tendinitis of the right shoulder, radiohumeral sprain/strain of the right elbow, carpal sprain/strain of the right wrist, r/o carpal tunnel syndrome (median nerve entrapment at wrist) , and dislocation of the right shoulder. Per 11/21/14 progress report, patient is temporarily totally disabled until 01/21/15. The MTUS Guidelines page 120 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, "Approval of this program should

require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. In this case, only two progress reports were provided. In progress report dated 11/21/14, treater states, "The patient is unable to dress herself, lift heavy items. The patient can barely do the following activities: washing dishes, cooking, and carrying grocery bags. The patient can perform the following activities but it always caused pain: carrying her hand bag." MTUS requires that the patient be able to participate at least 4 hours for 3-5 days a week and it would appear that the patient is not able to do this. MTUS also requires a specific job to return to which is not discussed. The request is not medically necessary.