

Case Number:	CM15-0044987		
Date Assigned:	03/17/2015	Date of Injury:	07/13/2014
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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, 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 46-year-old female who sustained an industrial injury on 07/13/2014. While working a door that is made of solid steel struck her left shoulder, left arm and left elbow and she had immediate pain. Diagnoses include left wrist strain/sprain rule out carpal tunnel syndrome, moderate left carpal tunnel syndrome, left shoulder rotator cuff tear, and left elbow cubital tunnel syndrome per EMG/NCS (new diagnosis). Treatment to date has included medications, physical therapy, diagnostic studies, and an epidural injection was recommended but injured worker declined. A physician progress note dated 01/29/2015 documents the injured worker has frequent pain in her left shoulder traveling to her left arm, left hand which she describes as throbbing and burning. Pain is rated a 5-6 on a scale of 1-10. She has numbness and tingling in the left hand, and her pain is worsening. There is pain in the left elbow rated 5-6 out of a scale of 1-10. Pain in all areas is decreased with medications. She is also having a difficult time falling to sleep due to pain. In a physician note dated 12/04/2014 the plan of care was for Autonomic Nervous System Functional Test, and Baseline Functionality Capacity Evaluation, additional physical therapy, and requesting all previous medical records. Treatment requested is for Autonomic Nervous System Functional Test, and Baseline Functionality Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Functionality 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-TWC), Fitness for Duty Procedure Summary, Guidelines for performing FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 1 Pages 12 & Chapter 7, Pages 137-138 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." The Official Disability Guidelines specify the following "Guidelines for performing an FCE: 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. (WSIB, 2003) "In the case of this injured worker, there is documentation that the requesting provider feels a functional capacity evaluation is useful as a baseline testing in a progress note from December 2014. There was no identification of a conflict between current capabilities and occupational demands, nor is there adequate discussion of the timing of this. FCE have multiple pitfalls and are not intended as baseline studies. The request for FCE is not medically necessary.

Autonomic Nervous System Functional Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23931777>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Blue Shield Policy, Autonomic Nervous System Testing.

Decision rationale: In regards to the request for autonomic nervous system testing, the CA MTUS, ACOEM, and ODG do not address this issue. Instead, we cite the policy of national carrier on this request. BCBS specifies that autonomic testing is recommended in the cases of autonomic neuropathy such as "Diabetic neuropathy, Amyloid neuropathy, Sjogren's syndrome, Idiopathic neuropathy, Pure autonomic failure, and Multiple system dystrophy." However, it is investigation for other conditions such as chronic pain, and should not be used as "screening or routine testing of patients without signs or symptoms of autonomic dysfunction, including patients with diabetes, hepatic or renal disease." In this injured worker, none of the above conditions have been met. The request is associated with a December 2014 progress note that does not specify what type of autonomic neuropathy is suspected. The worker has musculoskeletal diagnoses and possible carpal tunnel syndrome, and no autonomic disorder is noted. Given this, this request is not medically necessary.