

<b>Case Number:</b>	CM15-0049522		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 63 year old female, who sustained an industrial injury on August 9, 2011. She reported neck, upper back, right shoulder and left hand injury. The injured worker was diagnosed as having cervicobrachial syndrome, rotator cuff syndrome, bursitis, and neck sprain/strain. Treatment to date has included medications, h-wave, physical therapy, and home exercises. On February 9, 2015, she complained of neck and right shoulder pain. The treatment plan included: request for a functional restoration program, and a functional capacity evaluation. The request is for functional restoration program, and functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program evaluation (to determine candidacy for entry into the FRP):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** The patient presents with neck and right shoulder pain rated at 5/10. The request is for functional restoration program evaluation (to determine candidacy for entry into the FRP). The request for authorization is not provided. Range of motion of the cervical spine is limited. Spurling's test is positive. Apprehension test is positive on the right. Adson's test is positive bilaterally. The patient reports difficulty sleeping due to pain and spasms. The patient is unable to complete or requires assistance to complete the following activities: cooking and grooming. Patient's medications include Hydrochlorothiazide and Metoprolol. The patient is medically disabled. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition. MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated, 02/09/15, treater's reason for the request is "Patient has demonstrated a reasonable understanding of their diagnosis, assessment, treatment plan and treatment goals." Treater continues to state, "The patient has significant issues with self care, grooming and hygiene and based on my evaluation of the patient, it is my opinion with a reasonable degree of medical certainty that there is a causal relationship between the occupational event that occurred on the date of injury and the patient's current condition. She has significant amount of health issues that go on which has precluded her ability to function at the highest possible level. She has decreased ADL's, decreased sleep, decreased focus and concentration and increased pain. Our goals are to continue to maximize her function independence with daily activities. She is not a surgical candidate. Patient is motivated to improve and comply with treatment goals." Given the patient's persistent, chronic symptoms, and support from MTUS for FRP, evaluation to determine the patient's candidacy is reasonable. The request IS medically necessary.

**Functional Capacity Evaluation (as baseline testing for the FRP):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 neck and right shoulder pain rated at 5/10. The request is for functional capacity evaluation (as baseline testing for the FRP). The request for authorization is not provided. Range of motion of the cervical spine is limited. Spurling's test is positive. Apprehension test is positive on the right. Adson's test is positive bilaterally. The patient reports difficulty sleeping due to pain and spasms. The patient is unable to complete or requires assistance to complete the following activities: cooking and grooming. Patient's

medications include Hydrochlorothiazide and Metoprolol. The patient is medically disabled. 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." Per progress report dated, 02/09/15, treater's reason for the request is "for baseline testing." In this case, the patient has undergone conservative treatment in the form of medication, physical therapy and H-wave treatment, but continues to have pain. Provided progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by ACOEM. Furthermore, the patient's candidacy for entry into the FRP is yet to be determined. Therefore, the request IS NOT medically necessary.