

Case Number:	CM15-0236547		
Date Assigned:	12/11/2015	Date of Injury:	04/04/2013
Decision Date:	01/15/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/03/2015

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: North Carolina, Georgia
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 52-year-old female, with a reported date of injury of 04-04-2013. The diagnoses include headache, cervical radiculopathy, thoracic radiculopathy, bilateral shoulder tendinitis, bilateral ulnar injury, bilateral carpal tunnel syndrome, and concussion. The progress report dated 09-18-2015 indicates that the injured worker rated her pain 7 out of 10. On 06-12-2015, the injured worker rated her pain 7-8 out of 10. It was noted that her neck pain and upper back range of motion since the last visit had remained unchanged. It was noted that the injured worker was not working. The objective findings (09-18-2015) include tenderness to palpation of the neck; negative Finkelstein's test; positive Phalen's sign; positive Tinel's; numbness in the upper extremity; abnormal range of motion of the cervical spine, right shoulder, left shoulder, and thoracic spine; and tenderness to palpation over the paraspinal area bilaterally. The objective findings (06-12-2015) include tenderness to palpation of the neck; negative Finkelstein's test; positive Phalen's sign; positive Tinel's; numbness in the upper extremity; present impingement signs; abnormal range of motion of the cervical spine, bilateral shoulders and thoracic spine; and tenderness to palpation over the paraspinal area bilaterally. It was noted that the injured worker would have work restrictions. The diagnostic studies to date have included an x-ray of the right shoulder on 06-11-2013 which showed moderate degenerative arthrosis of the acromioclavicular joint; an x-ray of the left shoulder on 06-11-2013 which showed moderate degenerative arthrosis of the acromioclavicular joint; an x-ray of the thoracic spine on 06-11-2013 which showed mild discogenic spondylosis at T3-10; electrodiagnostic studies on 04-14-2015 which showed evidence of moderate right carpal tunnel syndrome, mild left carpal tunnel syndrome, peripheral neuropathy of the bilateral median motor nerves and a C6 and C7 radiculopathy on the right and left; and a urine drug screen on 06-07-2015 with negative findings. Treatments and evaluation to date have included Naproxen. The treating physician requested a functional capacity evaluation. On 11-09-2015, Utilization Review (UR) non-certified the request for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Fitness for Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The CA MTUS is silent on the issue of functional capacity evaluation. ODG cautions that a functional capacity evaluation is most helpful if the worker is actively participating in finding a job and not as effective if it is less collaborative and more directive. Job specific directives are more helpful than general assessments. ODG instructs that one should consider an FCE if there have been prior unsuccessful return to work attempts, if there are conflicting medical assessments of precautions or fitness for a modified job or injuries that require a detailed exploration of a worker's capacity. Additionally, the worker should be close to or at MMI. In this case, there have been no prior return to work attempts and there are no conflicting medical reports on any modified job capacities. ODG criteria for considering an FCE are not met and an FCE is not medically necessary.