

Case Number:	CM15-0115611		
Date Assigned:	06/23/2015	Date of Injury:	12/23/2013
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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: Emergency Medicine

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 49 year old female, who sustained an industrial injury on December 23, 2013. The injured worker was diagnosed as having cervicobrachial syndrome, adhesive capsulitis of the shoulders, impingement of both shoulders, bicipital tenosynovitis both shoulders, bilateral carpal tunnel syndrome with release, chronic pain syndrome and myofascial pain. Treatment to date has included surgery, physical therapy and medication. A progress note dated April 23, 2015 provides the injured worker complains of neck and shoulder pain. She reports the pain as constant and rated 6/10. She reports numbness and tingling from the forearms to the fingers and aching in the low back and into the right knee. Physical exam notes a blunted mood and affect. There are cervical trigger points, well-healed surgical scars on the right shoulder with decreased range of motion (ROM), atrophy of the deltoid area and biceps and AC joint tenderness with positive crepitus. There is positive shoulder impingement and positive apprehension and Speed test. There is positive Tinel's of the wrists. The plan includes functional capacity and functional psychiatric tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Psych Evaluation to determine candidacy for entry and participation into Functional Restoraion Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 49 and Pages 31-32, Functional restoration programs (FRPs) Page(s): 49, 31-32.

Decision rationale: The requested Functional Psych Evaluation to determine candidacy for entry and participation into Functional Restoration Program, is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The injured worker has neck and shoulder pain. She reports the pain as constant and rated 6/10. She reports numbness and tingling from the forearms to the fingers and aching in the low back and into the right knee. Physical exam notes a blunted mood and affect. There are cervical trigger points, well-healed surgical scars on the right shoulder with decreased range of motion (ROM), atrophy of the deltoid area and biceps and AC joint tenderness with positive crepitus. There is positive shoulder impingement and positive apprehension and Speed test. There is positive Tinel's of the wrists. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery." Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, Functional Psych Evaluation to determine candidacy for entry and participation into Functional Restoration Program is not medically necessary.

Functional Capacity Evaluation for baseline testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 137-138.

Decision rationale: The requested Functional Capacity Evaluation for baseline testing is not medically necessary. CA MTUS The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has neck and shoulder pain. She reports the pain as constant and rated 6/10. She reports numbness and tingling from the forearms to the fingers and aching in the low back and into the right knee. Physical exam notes a blunted mood and affect. There are

cervical trigger points, well healed surgical scars on the right shoulder with decreased range of motion (ROM), atrophy of the deltoid area and biceps and AC joint tenderness with positive crepitus. There is positive shoulder impingement and positive apprehension and Speed test. There is positive Tinel's of the wrists. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Capacity Evaluation for baseline testing is not medically necessary.