

<b>Case Number:</b>	CM15-0120323		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

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 63-year-old female who sustained an industrial injury on 9/4/12 due to cumulative trauma involving her neck and shoulder. She had pain in her right side, arm/ hand and back. She was diagnosed with trapezius muscle strain, cervical strain and right shoulder sprain. X-rays were done, medication given and a DP pillow was dispensed. She was referred to physical therapy and was released back to work with modifications. Because of right shoulder and trapezius pain, a computed tomography was done and she was diagnosed additionally with right shoulder strain and she was given a tennis elbow brace. She currently complains of constant right sided neck pain with a pain level of 6/10 with radiation to the right upper back/ shoulders; intermittent right hand/ forearm numbness and pain; tingling in left hand; intermittent right shoulder pain with a pain level of 5-6/10 that radiates down the right upper extremity. On physical exam, there was decreased range of motion of neck and shoulder; tenderness on palpation of carpal tunnel canal, weak grip. Medications are Lunesta, naproxen, omeprazole, LidoPro. Diagnoses include carpal tunnel syndrome, right carpal tunnel release (12/16/2013); shoulder impingement; cervical radiculopathy/ cervical spondylosis; rotator cuff (capsule) tear; rotator cuff syndrome; right shoulder surgery (9/9/2013); depression. Treatments to date include splint for left hand; medications; home exercise program; transcutaneous electrical nerve stimulator unit; physical therapy for neck and shoulders; steroid injections; acupuncture. Diagnostics include MRI of the right shoulder (12/12/2012) no date or exact shoulder showing rotator cuff tear; nerve conduction study of the right upper extremity (5/13) showed carpal tunnel syndrome; computed tomography of the right hand (10/11/12) showed no significant

abnormality; MRI of the right shoulder (5/19/14) showed tendinosis; cervical MRI (2013) showing multilevel degenerative changes. In the progress note, dated 5/20/15 the treating provider's plan of care includes request for functional capacity evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**QFCE Evaluation Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Page 137, regarding Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

**Decision rationale:** The claimant sustained a cumulative trauma work-related injury to the neck and shoulder in September 2012 and continues to be treated for right shoulder and left neck and hand pain. When seen, pain was rated at 6/10. There was decreased range of motion with tenderness and muscle spasms. Tinel's testing was positive. There was a weak grip. Recommendations included physical therapy for shoulder impingement and continued cognitive behavioral therapy. A functional capacity evaluation was requested. Modified work was continued but was not being accommodated. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant is being referred for physical therapy and continues to receive cognitive behavioral therapy. She is not considered at maximum medical improvement. Restrictions are not being accommodated but there is no plan to modify these or plan for return to work at another job. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is not considered medically necessary at this time.