

Case Number:	CM15-0127169		
Date Assigned:	07/13/2015	Date of Injury:	11/08/2013
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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 56 year old male, who sustained an industrial injury on November 11, 2013. The injured worker was diagnosed as having arthroscopic left shoulder surgery with residuals, left shoulder adhesive capsulitis and cervical and lumbar strain and radiculopathy. Treatment to date has included surgery, physical therapy and medication. A progress note dated June 17, 2015 provides the injured worker complains of neck, left shoulder and back pain. There is compensatory right shoulder pain. He reports physical therapy is not helping very much. Physical exam notes tenderness of the cervical and lumbar paraspinal area with decreased range of motion (ROM). The left shoulder has well healed surgical scars and decreased range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed and shows history of decompression and no acute tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: 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), Treatment Index, 13th Edition (web) 2015, Low Back, Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with pain to neck, left shoulder and low back, rated 1-4/10. The patient is status post left shoulder surgery in 2013. The request is for range of motion testing. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes status post left shoulder surgery with residuals (severe), and cervical spine strain, radiculopathy. Patient's diagnosis on 07/01/15 included rule out cervical disc herniation, left shoulder signs of impingement, and left shoulder sprain strain. Treatment to date has included surgery, imaging studies, physical therapy, acupuncture, TENS and medications. Patient's medications include Atorvastatin, Paroxetine, Terazosin, Vitamin D and fish oil. The patient may return to modified work, per 06/17/15 report. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Physical examination to the cervical and lumbar spines on 06/17/15 revealed muscles guarding and tenderness to palpation to the paraspinal muscles. Range of motion was limited. Examination of the left shoulder revealed surgical scars. Active flexion 130, abduction 135, external and internal rotation 58 degrees. Positive impingement. In this case, treater has not provided medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation ACOEM Chapter 7 pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, page 137-139.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with pain to neck, left shoulder and low back, rated 1-4/10. The patient is status post left shoulder surgery in 2013. The request is for functional capacity evaluation. Patient's diagnosis per Request for Authorization form dated 06/17/15 includes status post left shoulder surgery with residuals (severe), and cervical spine strain, radiculopathy. Patient's diagnosis on 07/01/15 included rule out cervical disc herniation, left shoulder signs of impingement, and left shoulder sprain strain. Physical examination to the cervical and lumbar spines on 06/17/15 revealed muscles guarding and tenderness to palpation to the paraspinal muscles. Range of motion was limited. Examination of the left shoulder revealed surgical scars. Active flexion 130, abduction 135, external and internal rotation 58 degrees. Positive impingement. Treatment to

date has included surgery, imaging studies, physical therapy, acupuncture, TENS and medications. Patient's medications include Atorvastatin, Paroxetine, Terazosin, Vitamin D and fish oil. The patient may return to modified work, per 06/17/15 report. 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 06/17/15 report, treater states "FCE, P&S paperwork," under treatment plan. The patient has undergone conservative treatment, but continues to have pain. In this case, there is no mention that this request for FCE is from the employer or claims administrator. ACOEM does not support FCE as it does not adequately predict a person's ability to work. The treating physician's estimation is just as good. Although this patient is near P&S per treater, there is no indication that the FCE is crucial. Obtaining FCE is not going to add any additional information that the treater is not already able to assess. Therefore, the request is not medically necessary.