

Case Number:	CM15-0093427		
Date Assigned:	05/19/2015	Date of Injury:	08/05/2010
Decision Date:	06/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/14/2015

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 44-year-old female who sustained an industrial injury on 8/5/10. The mechanism of injury is unclear. Currently there is decreasing pain and stiffness of her right wrist, elbow and shoulder. Physical exam reveals tenderness about the right shoulder, elbow and wrist. X-rays of the right shoulder show no progression of degenerative changes; the right elbow and forearm show mild soft tissue swelling; the right hand and wrist show no progression of degenerative changes. Medications are hydrocodone, Diclofenac sodium, Tramadol, cyclobenzaprine, pantoprazole; Ativan; Cymbalta. Diagnoses include abdominal pain; constipation secondary to pain medication; gastroesophageal reflux disease, secondary to non-steroidal anti-inflammatory; sleep disorder, secondary to pain and stress; elevated blood pressure. In the progress note, dated 3/26/15 the treating provider's plan of care includes requests for Functional Capacity Evaluation to assess her level of impairment and determine any necessary work restrictions in order to prevent further injury at work in the future; urine toxicology screening to check the efficacy of prescribed medications.

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 ACOEM, Occupational medicine practice guidelines, Second edition (2004), Chapter 7 - page 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, functional capacity evaluation. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic chapter, Functional capacity evaluation (FCE).

Decision rationale: The patient presents on 03/26/15 with decreasing unrated pain and stiffness in the right wrist, right elbow, and right shoulder. The patient's date of injury is 08/05/10. Patient is status post unspecified right shoulder injury and has had unspecified cortisone injections. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 03/26/15. Physical examination dated 03/26/15 reveals tenderness to palpation of the right shoulder, right elbow, and right wrist. No additional physical findings are included. The patient is currently prescribed Diclofenac, Tramadol, Cyclobenzaprine, Pantoprazole, Ativan, and Cymbalta. Diagnostic imaging was not included, though progress note dated 03/26/15 discusses X-rays of the right shoulder, right elbow, and right wrist as showing: "X-rays of the shoulder show no progression of degenerative changes. X-rays of the right elbow and forearm show mild soft tissue swelling. X-ray's of the right hand show no progression of degenerative changes." Patient's current work status is not provided. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations" The employer or claim administrator may request functional ability evaluations. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Concerning the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. Functional capacity evaluations are recommended by ODG as a prerequisite to work hardening programs designed to return a patient to the workforce. Progress note dated 03/26/15 states: "I have attempted to return this patient to work without restrictions without success. I have reviewed her job description and feel it is necessary that she undergo a functional capacity evaluation to assess her level of impairment and determine any necessary work restrictions." ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations is as good as what can be obtained via an FCE. The request IS NOT medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The patient presents on 03/26/15 with decreasing unrated pain and stiffness in the right wrist, right elbow, and right shoulder. The patient's date of injury is 08/05/10. Patient is status post unspecified right shoulder injury and has had unspecified cortisone injections. The request is for URINE TOXICOLOGY SCREEN. The RFA is dated 03/26/15. Physical examination dated 03/26/15 reveals tenderness to palpation of the right shoulder, right elbow, and right wrist. No additional physical findings are included. The patient is currently prescribed Diclofenac, Tramadol, Cyclobenzaprine, Pantoprazole, Ativan, and Cymbalta. Diagnostic imaging was not included, though progress note dated 03/26/15 discusses X-rays of the right shoulder, right elbow, and right wrist as showing: "X-rays of the shoulder show no progression of degenerative changes. X-rays of the right elbow and forearm show mild soft tissue swelling X-ray's of the right hand show no progression of degenerative changes." Patient's current work status is not provided. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS to ensure that this patient is compliant with her narcotic medications. The documentation provided indicates that this patient had a urine drug screen conducted on 09/23/14 which was consistent with prescribed medications. There is no discussion of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." Screening that is more frequent is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request IS NOT medically necessary.