

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/7/2013
Date of Injury:	11/16/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010995

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional capacity evaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **cervical Range of Motion (CROM) is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/7/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **functional capacity evaluation is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Cervical Range of Motion (CROM) is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 55 year old male with date of injury of 11/16/2012 from cumulative trauma. Diagnoses include cervical strain, bilateral shoulder strain, right elbow strain, left elbow medial epicondylitis, status post left cubital tunnel release, bilateral wrist strains, status post bilateral carpal tunnel release, bilateral knee strain, left foot strain, history of GERD, history of MRSA, history of hypertension, and history of sleep disturbance.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for functional capacity evaluation:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chapter 7 of the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapters 2, pg. 21, General Approach to Initial Assessment and Documentation and Chapter 5, pg. 81, functional limitations, which is part of MTUS.

Rationale for the Decision:

Per (ACOEM) 2nd Edition (2004) (page 21), “it is important for the evaluating physician to include understanding and documentation of the employee’s disabling condition. Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capacity.”

Per (ACOEM) 2nd Edition (2004) (page 81), “Determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the employee is currently able and unable to do. In many cases, physicians can listen to the employee’s history, ask questions about activities, and then extrapolate, based on knowledge of the employee and experience with other employees with similar conditions. It may be necessary to obtain a more precise delineation of employee capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the employee. Whatever the basis of work capacities or restrictions, it is necessary for physicians to state their sources of information. In particular, avoid relying solely on the employee or the employer for input; instead, seek objective information or third-party corroboration, especially when controversy exists. This is particularly true when an employee may be asked to do work that may exceed his or her limitations and lead to further injury or create a hazard. In addition to considering functional testing, these circumstances may necessitate arranging for a conference with the employee, his or her supervisor, and/or the insurer to eliminate any possible misunderstandings. If the employer refuses or is unable to abide by the physician’s work prescription, the physician should be available to discuss and explain the basis of limitations and the implication of not following them. The physician is not an arbitrator, but may help identify resources to resolve any disagreement.”

The claims administrator uses Chapter 7 of the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) in determining if functional capacity evaluation is medically necessary. This chapter is not included in the California Medical Treatment Utilization Schedule (MTUS). The citation does explain the limitations of the use of functional capacity evaluations, and provides advice for how the information should be interpreted by the referring physician in providing return to work recommendations for the injured employee. A review of the records indicates that the employee has multiple chronic injuries that complicate the clinical evaluation in determining what physical tasks the employee is capable of performing. A functional capacity evaluation is therefore medically necessary. **The request for functional capacity evaluation is medically necessary and appropriate.**

2) Regarding the request for **CROM**:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chapter 7 of the American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 18) pgs. 170, Observation and Regional Neck Examination, Shoulder Complaints Chapter (ACOEM Practice Guidelines 2nd Edition (2004), pg. 200, Regional Shoulder Examination, Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pg 257, Regional Examination of Forearm, Hand, and Wrist, Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13) pg 334, Focused Knee Examination, Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14) pg 365-366, Regional Foot and Ankel Examination, and Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), (Revised 2007), pg. 8, Objective Evidence: and pg. 9, Focused Elbow Examination, which is a part of MTUS.

Rationale for the Decision:

A review of the records provided states that “Based on functional deficits observed and reported by the employee during the initial physical examination, objective computerized testing was ordered to evaluate the employee’s physical performance, quantify the functional losses and establish a baseline functional level. The objective data will also be used to develop an appropriate treatment plan, track employee’s response to treatment and to modify the treatment plan accordingly.”

Range of motion is a common objective finding in evaluating musculoskeletal injuries. Improved range of motion is a common treatment goal for musculoskeletal injuries. The California Medical Treatment Utilization Schedule mentions evaluation of range of motion in multiple chapters as noted below. Per American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), page 170, “However, because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms.” Page 200 “The range of motion of the shoulder should be determined actively and passively.” Page 257, “This examination may be followed by evaluating active and passive range of motion within the employee’s limits of comfort with the area as relaxed as possible.” Page 334, “In the supine position, smaller effusions, tenderness and its location (e.g., at joint lines), and range of motion can be determined.” Pages 365-366, “The range of motion of the foot and ankle should be determined both actively and passively, for instance, by asking the employee to move the foot and ankle within the limits of symptoms and then engaging in gentle range of motion of the joints (rear foot, midfoot, forefoot, toes) passively for comparison.”

Per American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition, Elbow Complaints (Revised 2007), page 8 “A sign is any objective evidence of a disease. Examples of objective evidence signs include visible changes, swelling, deformity, redness, heat, reflex changes, spasm, palpable changes, atrophy, nonresistant passive range of motion, and imaging findings. Such evidence is perceptible to the examining physician, as opposed to the subjective sensations (symptoms) of the employee.” Page 9, “Next, active range of motion is assessed. If active range of motion is limited, then passive range of motion is assessed to help determine if the limitation appears fixed, or rather painful, or otherwise limited. Movements to evaluate limitation include elbow flexion and extension, forearm pronation and supination, wrist flexion, extension, and ulnar and radial deviation.” The intentions for the use of computerized range of motion measurements described by the provider are supported by these guidelines. **The request for Cervial Range of Motion (CROM) is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the employee and the employee's physician. MAXIMUS is not liable for any consequences arising from these decisions.