

Case Number:	CM13-0006762		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2010
Decision Date:	02/28/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 69-year-old male who reported a work related injury on 02/02/2010, as a result of cumulative trauma. The patient presents for treatment of the following diagnoses: Chronic left ankle sprain, cervical spine sprain, left shoulder impingement, complaints of anxiety, depression, and sleep difficulty. The clinical note dated 06/04/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with ongoing multiple pain complaints to the neck, left ankle, and left shoulder rated at an 8/10. The provider documented the patient's treatment plan included requesting authorization for a left shoulder arthroscopic subacromial decompression, authorization for a Functional Capacity Evaluation to assess the patient's functional ability, continued physical therapy, continued use of an IF unit, continued Anaprox, and continued treatment with a psychologist.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, pages 137-138)

Decision rationale: The current request is not supported. The clinical documentation submitted for review noted that the patient was a surgical candidate for his left shoulder symptomatology. The requesting provider, [REDACTED], documents the specific rationale for a Functional Capacity Evaluation at this point in the patient's treatment was to assess the claimant's functional ability. However, given that the patient is a surgical candidate, the timing of this request is unclear. California MTUS/ACOEM indicate Functional Capacity Evaluations reflect what an individual can do on a single day at a particular time under controlled circumstances that provide an indication of that individual's ability. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. Given all the above, the request for a Functional Capacity Evaluation is not medically necessary or appropriate.