

Case Number:	CM13-0030630		
Date Assigned:	11/27/2013	Date of Injury:	09/20/2012
Decision Date:	01/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

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, has a subspecialty in Pulmonary Disease 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 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 30-year-old female who reported an injury on 09/20/2012 after a child who was falling grabbed onto her arm. The patient was initially treated with medications and physical therapy. The patient underwent an electrodiagnostic study that did not reveal any abnormalities. The patient underwent a right shoulder MRI that did not provide any evidence of a rotator cuff tear. The patient's most recent clinical exam findings included spasms and tenderness of the paravertebral muscles of the cervical spine with decreased range of motion and decreased dermatomal sensation in the C6 dermatome with a positive impingement sign of the right shoulder and decreased range of motion of the right shoulder. The patient's diagnoses included cervical radiculopathy, shoulder tendonitis, wrist tendonitis, elbow tendonitis, and a thoracic sprain. The patient's treatment plan included return to work and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Capacity Evaluation: 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) Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Physician Reviewer's decision rationale: The requested outpatient Functional Capacity Evaluation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic cervical spine and right shoulder pain with radicular symptoms. The American College of Occupational and Environmental Medicine recommends the use of a Functional Capacity Evaluation to obtain a more precise delineation of the patient's capabilities to perform job duties. However, Official Disability Guidelines state that the sole purpose of a Functional Capacity Evaluation should not be to determine the worker's effort or compliance if the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review does provide evidence that the patient has returned to work. There is no evidence of an ergonomic assessment. As such, the requested outpatient Functional Capacity Evaluation is not medically necessary or appropriate.