

Case Number:	CM13-0034370		
Date Assigned:	12/06/2013	Date of Injury:	02/01/2012
Decision Date:	02/04/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is licensed in Chiropractic, 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 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 55 year old gas station attendant who sustained a cumulative trauma injury to his neck and right shoulder on 2/1/12 as a result of performing his typical duties. He sought medical care for his injuries and was prescribed medications, a home exercise program, capsular release with rotator cuff debridement, a shoulder Dynasplint, and a course of 16 physical therapy sessions for treatment. X-rays of the cervical spine and shoulder were taken; all findings were within normal limits. The patient was diagnosed with cervical sprain/strain and right shoulder tendinitis/bursitis. The patient returned to work with a lifting and reaching over the shoulder limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Per the report dated 10/2/13, the patient had been scheduled for an AME evaluation in November 2013; however this report was not found in the records. In its guidelines for performing an FCE, the Official Disability Guidelines state: "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. 3. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." In this case, the documentation provided fails to indicate if the employee has had prior unsuccessful return to work attempts, or if he requires a modification for return to work. Also, there are no records in the documents provided which declare the patient at maximum medical improvement, declare that the patient has reached a plateau level; there is also an absence of any records to document an unsuccessful return to work. In this case the documentation provided does not support the need for an FCE; therefore the request is not medically necessary and appropriate.