

Case Number:	CM13-0038332		
Date Assigned:	09/18/2014	Date of Injury:	11/05/2011
Decision Date:	10/16/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	10/25/2013

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 Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 65-year-old female with an 11/05/11 date of injury. The mechanism of injury was not documented. Diagnoses included cervical disc syndrome, right shoulder pain, right shoulder rotator cuff syndrome, and biceps tendinitis. 03/05/14 Cardio-respiratory Diagnostic Testing Report documented that the patient presented with high blood pressure. Sympathovagal Balance was high normal which was indicative of elevated sympathetic nervous system activity. The parasympathetic response was low indicating that the respiratory system was not communicating properly with the cardiovascular system. This was associated with early autonomic dysfunction and/or chronic dysautonomia. The patient had a high Fundamental Respiratory Frequency which might be associated with upper respiratory or pulmonary disorder and anxiety. Mild autonomic dysfunction was possible. 06/24/13 progress report documented that the patient complained of neck and right shoulder pain rated at 5/10. There was radiating pain into the right side of the neck. Clinically, there was tenderness in the right biceps and decreased muscle strength to 5-/5. Recommendations included medications and consultation with dermatologist and internal medicine. Treatment has included right shoulder surgery on 09/24/12.

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 Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 137-138 Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations (pages 132-139)

Decision rationale: Medical necessity has not been established for functional capacity evaluation. CA MTUS states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient has chronic neck and right shoulder pain; however, there is no discussion regarding the current clinical status, including subjective complaints and objective findings. Previous treatment has not been discussed aside from the right shoulder surgery in 2012. The current work status and any failed attempts to return to work are not documented. There is likewise no discussion regarding the current job demands to warrant a functional capacity evaluation. Therefore, the medical necessity for a functional capacity evaluation is not supported by the submitted medical reports. The request is not medically necessary and appropriate.