

Case Number:	CM13-0038631		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2012
Decision Date:	02/19/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine & Rehabilitation, 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 35-year-old female who reported an injury on 03/27/2012. The mechanism of injury was reported that the patient was trying to restrain a combative patient and injured her right shoulder, cervical spine, and thoracic spine. The patient was diagnosed with cervical discopathy and radiculopathy, thoracic strain and sprain, and right shoulder impingement syndrome. The patient complained of frequent pain in the cervical spine, which radiated to the right arm. The patient rated the cervical spine pain at 7/10. The patient reported the pain was made worse by activities of daily living and was relieved by rest, physical therapy, and medication. The patient complained of intermittent pain in the thoracic spine. The patient rated the intensity of the thoracic spine pain at 5/10. The patient complained of intermittent pain to the right shoulder. The patient rated the severity of the pain at 6/10. The physical examination of the cervical spine indicated tenderness and myospasm of the bilateral paraspinal muscles of the cervical spine. The patient also had decreased range of motion. Physical examination of the shoulders indicated tenderness on palpation of the anterior and posterior aspect of the right shoulder. The patient also had a positive impingement test on the right and decreased range of motion bilaterally. Physical examination of the thoracic spine indicated tenderness and myospasms noted on palpation to the thoracic spine. The gross muscle testing indicated a grade 4 muscle weakness in the right shoulder in all planes of movement. The patient was treated with physical therapy, massage, chiropractic care, and medication. âù

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Fitness for Duty Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines section on Fitness for Duty and Functional Capacity Evaluations

Decision rationale: The ACOEM guidelines state that functional capacity evaluations are a supported tool for reassessing function and functional recovery. The Official Disability Guidelines recommend Functional Capacity Evaluations prior to admission to a work hardening program. The clinical documentation submitted for review does not indicate that the patient has been recommended for a work hardening program to return to work. Given the lack of documentation to support the Official Disability Guidelines' criteria, the request for a functional capacity evaluation is not medically necessary and appropriate.