

Case Number:	CM13-0039856		
Date Assigned:	12/20/2013	Date of Injury:	10/22/2012
Decision Date:	04/30/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 31 year old female who sustained a work-related injury on October 22, 2012. She subsequently developed chronic right shoulder pain. The patient underwent right shoulder decompression. She was diagnosed with cervical strain. According to a note dated September 17, 2013, her physical examination demonstrated minimal tenderness, trigger points, and spasm in the neck. There is no documentation of weakness or shoulder limitation of range of motion. Her pain level is 1/10. Her provider requested a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION RELATED TO A RIGHT SHOULDER INJURY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32-33, 171.

Decision rationale: According to the MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide documentation supporting the medical necessity for a pain management evaluation with a

specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The MTUS guidelines state that patients that may benefit from early intervention via a multidisciplinary approach if the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity, if the patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis, if there is a previous medical history of delayed recovery, if the patient is not a candidate where surgery or other treatments would clearly be warranted, if there is inadequate employer support, and if there is loss of employment for greater than four weeks. The most discernable indication of at risk status is lost time from work of 4-6 weeks. There is no documentation that the patient's condition requires a functional capacity evaluation. There is no strong scientific evidence that a functional capacity evaluation predicts the patient's ability to perform his work. In addition, the provider should document that the patient reached his maximum medical improvement. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, and the specific goals and end point for the functional capacity evaluation. Therefore, the request for a functional capacity evaluation related to right shoulder injury is not medically necessary.