

Case Number:	CM13-0040939		
Date Assigned:	12/20/2013	Date of Injury:	02/28/2013
Decision Date:	08/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 35-year-old male who reported an injury on 02/28/2013. The injured worker had complaints of right shoulder pain with difficulty pushing, pulling, and overhead reaching. The physical examination on 03/25/2014 revealed tenderness to palpation over the supraspinatus tendon as well as over the acromioclavicular joint. The range of motion for the right shoulder was forward flexion to 140 degrees and abduction was to 130 degrees. The injured worker had a positive Neer's sign and a positive thumb down sign. The injured worker had a negative Tinel's sign of the right elbow. The examination of the hands bilaterally revealed a positive Tinel's and a positive Phalen's. Diagnoses for the injured worker were carpal tunnel syndrome bilaterally, medial epicondylitis, right shoulder impingement syndrome, and supraspinatus and infraspinatus tendonitis. It was mentioned that the injured worker had an MRI of the right shoulder which revealed acromioclavicular osteoarthritis, tendonitis of the rotator cuff, and impingement syndrome. No other diagnostic studies were mentioned or submitted. The treatment plan was to continue physical therapy and home range of motion and Codman exercises. The rationale and request for authorization were not submitted for review.

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 ACOEM PRACTICE GUIDELINES, 2ND

EDITION, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATION
CHAPTER, FUNCTIONAL CAPACITY EVALUATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-98.

Decision rationale: The request for Functional Capacity Evaluation is non-certified. According to the The California MTUS/ACOEM Guidelines, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination and this can best be done by ordering a functional capacity evaluation of the patient. There were no reports from physical therapy sessions to document the injured worker's functional deficits even though he was participating at the time of exam. Medications for pain were not mentioned. Documentation of medications is crucial for chronic pain. It is not known if NSAIDs were even tried. Other medications that are not opioids could be prescribed for on trial basis, such as gabapentin, naproxen. MRI of the right shoulder was mentioned which revealed acromioclavicular osteoarthritis, tendonitis of the rotator cuff, and impingement syndrome. There was no explanation of why the injured worker needs a functional capacity evaluation and there was no documentation describing the physical demand level required for return to work. Therefore, the request is not medically necessary.