

Case Number:	CM13-0048617		
Date Assigned:	12/27/2013	Date of Injury:	08/10/2012
Decision Date:	03/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/06/2013

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 and Rehabilitation, 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 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 female with a date of injury of 8/10/12. A utilization review determination dated 10/25/13 recommends non-certification of a functional capacity evaluation. A progress report dated 10/2/13 identifies subjective complaints including left shoulder mild symptoms, LBP persists, some LUE pain x 2 days improved. The objective examination findings identify [illegible] ROM, LS tenderness. The diagnoses include sprain shoulder/arm NOS, sprain lumbar region, impingement syndrome. The treatment plan recommends continue PT 1 x 6, FCE, and cushion for chair.

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 ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Regarding request for functional capacity evaluation, ACOEM states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The ODG supports FCEs when the patient is at or

near MMI and case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, it does not appear that the patient is at or near MMI given that active treatment is still being pursued. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.