

Case Number:	CM13-0053871		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2008
Decision Date:	03/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 51-year-old female who reported an injury on 09/22/2008 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to her bilateral shoulders. The patient's treatment history has included medications, physical therapy, shoulder injections, and multiple surgical interventions followed by postsurgical management. It is noted within the documentation that the patient is motivated to return to work. The patient's most recent physical evaluation documented that the patient had 7/10 to 8/10 pain, decreased sensation to the left upper extremity, and restricted range of motion to the bilateral upper extremities with tenderness to palpation throughout the joint region. The patient's diagnoses included chronic pain syndrome, cervical spondylosis without myelopathy, primary localized osteoarthritis of the shoulder region, carpal tunnel syndrome, and headaches. The patient's treatment plan included a Functional Capacity Evaluation to assess the patient's ability to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mini Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 77-89.

Decision rationale: The requested mini Functional Capacity Evaluation is medically necessary and appropriate. The American College of Occupational and Environmental Medicine states that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate based on knowledge of the patient and experience with other patients with similar conditions. However, it may be necessary to obtain a more precise delineation of patient capabilities that is available from routine physical examination. Under these circumstances, it may be appropriate to order a Functional Capacity Evaluation. The clinical documentation submitted for review does indicate that the patient has been out of the workforce for an extended duration of time. The patient's most recent clinical documentation does indicate that they are motivated to return to work in some capacity. Therefore, determination of the patient's physical demand level would assist in developing treatment goals to return the patient to work. As the patient does have a complicated history of multiple surgical interventions and extensive conservative care, more focused exam on the patient's work capabilities would be appropriate. As such, the requested mini Functional Capacity Evaluation is medically necessary and appropriate.