MAXIMUS Federal Services

Case Number:	CM13-0057789		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2011
Decision Date:	05/06/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 10, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to from various providers in various specialties, a prior shoulder surgery and extensive periods of time off of work. In a utilization review report of November 19, 2013, the claims administrator denied a request for functional capacity testing, citing non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. An earlier progress note of May 7, 2013 is notable for comments that the applicant earlier underwent shoulder surgery in September 2012. 4+/5 upper extremity strength is noted. The applicant's work status is not clearly stated. A later note of July 31, 2013 is seemingly notable for comments that the applicant continues to have shoulder pain. He is apparently given Voltaren for pain relief. Further physical therapy is sought. On January 15, 2014, the applicant's attorney writes that he is objecting entire process since the process is flawed and that he is not being served with medical reports. The applicant's attorney states that he has not have the report of the treating physician in which he is requesting the functional capacity evaluation and attendant work hardening. The applicant's attorney states that he has not been provided with the requisite documentation with which to mount his appealed. It appears that electrodiagnostic testing was endorsed on June 25, 2013. The applicant was described as using topical compounds in addition to oral Diclofenac at that point. A medical-legal evaluation of June 18, 2013 is notable for comments that the applicant has not reached maximum medical improvement at that point in time.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, functional capacity testing can be employed as a precursor to enrollment in a work hardening or work conditioning course. In this case, however, there is no clear evidence that the applicant in fact intent on attending a work hardening or work conditioning course. As noted by the applicant's attorney, the notes of the attending provider in which this course was reportedly requested has not been provided for review. It is further noted that the Chapter 7 ACOEM Guidelines states that functional capacity testing is overly used, widely promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. Therefore, the request is not certified, on independent medical review.