

Case Number:	CM13-0065094		
Date Assigned:	05/07/2014	Date of Injury:	09/15/2011
Decision Date:	07/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 and elbow pain reportedly associated with an industrial injury of September 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; a TENS unit; and earlier shoulder arthroscopy in May 2013. In a Utilization Review Report dated November 19, 2013, the claims administrator denied a request for functional capacity testing, citing non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG Guidelines, although the MTUS did in fact address both of the requests at hand. A November 6, 2013 progress note was notable for comments that the applicant reported persistent right shoulder and right elbow pain with derivative psychological stress and anxiety. Tenderness was appreciated about the elbow and the shoulder with some positive provocative testing appreciated. Topical compounds and a functional capacity evaluation were sought. The applicant was given a rather proscriptive work restriction of "no overhead work," which the applicant's employer was reportedly unable to accommodate. An earlier note of October 3, 2013 was notable for comments that the applicant was not working as he was off of work, on total temporary disability, and reportedly last worked in November 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE QUALIFIED FUNCTIONAL CAPACITY EVALUATION: Upheld

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 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Hardening Section Page(s): 125.

Decision rationale: While page 21 of the MTUS-adopted ACOEM Guidelines in Chapter 2 does suggest that functional capacity evaluations can be considered when needed to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant has not worked in over two years. The applicant, in all likelihood, does not have a job to return to at [REDACTED]. It is not clear why precise stratification of the applicant's ability and capability is needed or indicated here. It is further noted that, while page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse functional capacity testing as a precursor to enrollment in a work hardening or work conditioning course, in this case, however, the applicant is not seemingly intent on pursuing either a work hardening or work conditioning course. There is no evidence that the applicant has a job to return to and/or is intent on returning to the workplace or workforce. Therefore, the request for a qualified functional capacity evaluation is not medically necessary, for all of the stated reasons.