

Case Number:	CM13-0066567		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2010
Decision Date:	05/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This 46 year-old patient sustained an injury on 1/6/10 while employed by [REDACTED]. Request under consideration include a FCE. Report of 12/5/13 from the provider noted the patient is s/p 9 hour shoulder surgery (open reconstruction repair of rotator cuff avulsion, chronic includes acromioplasty and arthroscopy with labral debridement of left shoulder) on 11/22/13 with a great deal of pain; trouble sleeping at night even with taking Lunesta; pain rated at 8-9/10 with medications. Exam was not documented. Treatment request was for a functional capacity evaluation. Report of 10/8/13 from the provider noted patient with neck, bilateral shoulder, and arm pain; constant and severe rated at 8/10 with medications and 10/10 without; plan for shoulder surgery next month. Exam only documented vital signs (Blood pressure, pulse, etc.) and UDS dated 9/5/13 positive for Pregabalin, Diazepam, Fentanyl, Hydromorphone, Oxycodone. Diagnoses list cervical radiculopathy; left shoulder sprain/strain Final Determination Letter for IMR Case Number CM13-0066567 3 s/p surgery; cephaliga; chronic pain syndrome; chronic pain related insomnia; myofascial syndrome; neuropathic pain; and tension headaches. Treatment included medications, UDS, cervical epidural injections. Request for FCE was non-certified on 12/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007 (Fitness for Duty Chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environment Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, pages 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. The patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.