

Case Number:	CM13-0067430		
Date Assigned:	01/03/2014	Date of Injury:	10/06/2013
Decision Date:	05/06/2014	UR Denial Date:	12/03/2013
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 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 shoulder pain reportedly associated with an industrial injury of October 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for a functional capacity evaluation. The applicant's attorney subsequently appealed. In a clinical progress note of October 6, 2013, the applicant is returned to modified duty work with a 20-pound lifting limitation, asked to pursue physical therapy, and eschew commercial driving. In a handwritten note of November 19, 2013, the applicant's new primary treating provider (PTP) writes that the applicant is unable to return to work. Electrodiagnostic testing, motion x-rays of the spine and shoulder, and functional capacity testing are sought while the applicant was issued prescriptions for Naprosyn, Flexeril, Fexmid, and Neurontin. The documentation on file was sparse and reported multifocal neck, mid back, and shoulder pain ranging from 7/10. Little narrative commentary is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138, Functional Capacity Evaluations section

Decision rationale: Chapter 7 of the ACOEM Guidelines on functional capacity evaluations note that FCEs are widely promoted, often overused, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, no rationale for the test in question has been provided. It is not clearly stated why an FCE is needed or indicated here. It is not clearly stated that the applicant intends to return to the workplace and/or workforce and/or has a job to return to. No compelling rationale or narrative has been attached to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. The request for a functional capacity evaluation (FCE) is not medically necessary and appropriate.