

Case Number:	CM13-0069868		
Date Assigned:	06/11/2014	Date of Injury:	04/02/2013
Decision Date:	07/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old female who sustained an injury to her right shoulder on 04/02/13 due to a cumulative injury while performing her usual and customary duties as an automatic teller machine technician. The injured worker complained of occasional moderate cervical spine pain that was described as stiff and aggravated by overhead work. She reported the pain was moderate to severe in the lumbar spine that was described as throbbing. The injured worker complained of constant slight to moderate right shoulder pain that was described as aching and tingling. Physical examination noted flexion 90 degrees, extension 36 degrees, abduction 59 degrees, adduction 39 degrees, external rotation 49 degrees, internal rotation 50 degrees; spasm and tenderness over the right upper shoulder and right rotator cuff muscles; speed's and supraspinatus tests positive. The injured worker was diagnosed with bursitis/tendonitis of the right shoulder and rotator cuff syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED FUNCTIONAL CAPACITY EVALUATION X 6: 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 Behavioral interventions Page(s): 23.

Decision rationale: The request for six qualified functional capacity evaluations is not medically necessary. The previous request was denied on the basis that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the work place. A functional capacity evaluation (FCE) reflects what an individual can do on a single day, at a particular time, under controlled circumstances that provide an indication of the individual's abilities. Furthermore, there was no justification as to why the injured worker requires six separate functional capacity evaluations. Given the clinical documentation submitted for review, the medical necessity of the request has not been established.