MAXIMUS Federal Services

Case Number:	CM14-0001891		
Date Assigned:	01/24/2014	Date of Injury:	02/23/2013
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery 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 28 year old female with a reported date of injury on 02/23/2013; the mechanism of injury was a slip and fall. The injured worker was waiting for authorization for surgeries including a left shoulder arthroscopy with subacromial decompression, mini-open mumford resection, possible rotator cuff repair, possible arthrotomy as well as post-operative rehabilitation. The progress noted dated 08/15/2013 listed the diagnoses as severe left greater than right shoulder tendinitis/bursitis, rule out rotator cuff/ intra-articular tear, contusion right hip, and rule out carpal tunnel syndrome. The request of authorization was not submitted with the medical records. The request is for a functional capacity evaluation.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): (s) 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Section Chapter, Functional Capacity Evaluation Section.

Decision rationale: The request for a functional capacity evaluation is non-certified. The injured worker was waiting for a authorization for surgery in 09/2013. ACOEM states it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination; under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a Work Hardening Program, with prefernce for asessments tailored to a spiecifiec task or job. The guidelines do not recommend routine use as part of an occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The criteria for performing a functional capacity evaluation is if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The guidelines do not recommend the functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. It did not appear the injured worker was recommended for participation in a work hardening program. The requesting physician's rationale for the requst was unclear; it was unclear why the injured worker would require a functional capacity evaluation. The injured workers prior courses of treatment were uncleae within the documentation. Therefore, the request is not medically necessary or appropriate.