

Case Number:	CM14-0002697		
Date Assigned:	01/29/2014	Date of Injury:	06/22/2013
Decision Date:	06/16/2014	UR Denial Date:	12/23/2013
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 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 medical record notes a 56 year old individual with an injury to the left shoulder and cervical spine. The date of injury documented on the functional capacity evaluation report on December 20, 2013 is January 31, 2012. This report evidences a complaint of left shoulder and cervical spine pain. The physical examination reveals decreased range of motion of the shoulder and cervical spine and a positive drop arm test. There is documentation in the medical record that a request was made for additional clinical information, which was not provided. However; a summary elsewhere in the record indicates that the treatment plan included a urinalysis with pharmacotherapy, an MRI of the cervical spine, and an MRI of the left shoulder. Additionally, an IF unit, extracorporeal shockwave therapy, heat/cold therapy, and a home exercise kit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL CAPACITY EVALUATION WITH [REDACTED]

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 137-138. Decision based on Non-MTUS Citation ODG TWC Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 137-140.

Decision rationale: California MTUS guidelines may support functional capacity evaluations in certain clinical settings, particularly if a worker is actively participating in determining the suitability of a particular job. In determining whether or not the request falls within the guideline parameters clinical circumstances surrounding the reason that the functional capacity evaluation is being requested for the claimant's condition should be noted. Evidence-based medicine indicates that the reliability and validity of these tests have not been proven as there are issues with suboptimal efforts that are not necessarily captured. The ACOEM guidelines specifically indicate that they should not be viewed as providing objective evidence where other corroborative evidence exists. The ACOEM guidelines also indicate that most individuals will not require a functional capacity evaluation. The medical record provided includes no documentation indicating the necessity that this evaluation has been requested. It is not clear if there have been complex issues with case management or if there have been any unsuccessful return to work attempts. It is also not clear whether or not the claimant is close to or at MMI; as these are some of the more accepted reasons for functional capacity evaluation. The record provided for review does not substantiate the medical necessity of this request.