MAXIMUS Federal Services

Case Number:	CM14-0103465		
Date Assigned:	09/24/2014	Date of Injury:	12/20/2011
Decision Date:	10/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 59-year-old male who reported an injury on 12/20/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included left shoulder brachial plexus injury and frozen shoulder. Previous treatments included physical therapy, medication, and injections. The diagnostic testing included an electromyography (EMG)/nerve conduction velocity (NCV). Within the clinical note dated 05/22/2014, it was reported the injured worker complained of pain in the neck, mid upper back, lower back, left shoulder/arm, and left elbow/forearm. The injured worker rated his neck pain 7/10 in severity. He rated his midback pain 5/10 in severity. He rated his left shoulder/arm pain 6/10 in severity. On the physical examination, the provider noted the injured worker had tenderness to palpation over the paraspinal muscles. There was restricted range of motion noted in the cervical spine. The injured worker had a positive cervical compression test. Upon examination of the thoracic spine and lumbar spine, the provider noted tenderness to palpation over the paraspinal muscles. The provider also indicated the injured worker had tenderness to palpation of the left shoulder, left arm, left elbow, left forearm, left wrist, and left hand. The provider requested a Functional Capacity Evaluation to ensure the patient can safely meet the physical demands. A Request for Authorization was submitted and dated 05/22/2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM Guidelines state it may be necessary to obtain a more precise delineation of the patient's capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as routine use, as part of an occupational screening or generic assessment in which the question is whether someone can do any type of job generally. There is a lack of clinical documentation indicating the injured worker's previous treatments and the measurement of progression with the prior treatments. The request failed to provide the number of sessions. The guidelines do not recommend a Functional Capacity Evaluation for routine use. Therefore, the request is not medically necessary.