MAXIMUS Federal Services

Case Number:	CM14-0015670		
Date Assigned:	03/03/2014	Date of Injury:	03/15/2011
Decision Date:	08/01/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/06/2014

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 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:

This is a 36-year-old male patient with a 3/15/11 date of injury. 1/9/14 progress report indicates persistent left shoulder pain. The patient last worked on 5/30/12. Physical exam demonstrates unremarkable bilateral shoulder strength, limited active and passive left shoulder range of motion.The 12/19/13 progress report indicates significant back pain and left greater than right leg pain. The patient is unwilling to have any treatment, as he does not wish to take any risks. Physical exam demonstrates abnormal gait, dragging on the left. 11/26/13 lumbar MRI demonstrates bilateral L5 pars defects with grade 1 L5-S1 spondylolisthesis. Treatment to date has included medication, activity modification. The 12/2/14 progress report indicates persistent left shoulder pain, neck pain, low back pain. Physical exam demonstrates positive straight leg raise test on the left, positive facet loading test, decreased sensation to light touch in the left foot. Left shoulder MRI was reported to demonstrate a labral tear. There is documentation of a previous 2/3/14 adverse determination because the patient was still receiving treatment and diagnostic testing. The patient had not reached MMI. There was no documentation of current clinical symptoms, physical exam, and functional limitations, and there were doubts as to the patient's willingness to return to work.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132-139. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. It is unclear how an FCE may alter the further course of diagnostic and therapeutic management when the patient is unwilling to have any treatment, as he does not wish to take any risks. Therefore, the request for a functional capacity evaluation was not medically necessary.