

Case Number:	CM14-0018878		
Date Assigned:	06/11/2014	Date of Injury:	02/15/2013
Decision Date:	07/14/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/14/2014

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 Neurological 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 injured worker is a 54 year old male who was reportedly injured on March 15, 2013. The mechanism of injury is noted to be a cumulative injury to the lumbar spine and bilateral shoulders. The most recent progress note, dated November 8, 2013, indicates there are ongoing complaints of pain in the lower back rated at a 7/10 which is aggravated by activities of daily living. There was no physical examination on this date. A physical examination on October 9, 2013, noted tenderness at the supraspinatus and infraspinatus muscles and tendon attachment sites. There was tenderness at the subacromial space and the acromioclavicular joint on the right as well as tenderness to the rotator cuff of the left shoulder. Physical examination noted decreased range of motion of shoulders in all planes. There was a positive left and right sided Neer's test, and a positive supraspinatus and compression/rotation test on the right. There was some decreased grip strength on the right side. Upper extremity sensation is normal bilaterally as were deep tendon reflexes. Some decreased strength was noted secondary to pain. The physical examination of the lumbar spine noted hyperlordosis, decreased lumbar range of motion and a positive right and left sided straight leg raise at 60. There was decreased sensation at the right L5 and S1 dermatomes, and 4/5 muscle strength in all muscle groups. There was a diagnosis of a right and left shoulder sprain/strain, lumbar spine sprain/strain, and lumbar radiculopathy. Multiple medications were prescribed, an lumbar support orthotic brace was recommended, and continued chiropractic care, physical therapy, and acupuncture were recommended. Shockwave therapy was recommended for the lumbar spine as well as a functional capacity evaluation. A request was made for a functional capacity evaluation and was denied on February 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Functional improvement measures, updated June 10, 2014.

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation should be used over the course of treatment to demonstrate progress in return to functionality, and to justify further use of ongoing treatment methods. The note dated January 2, 2014 states that the intention of a functional capacity examination is to prepare for impairment ratings. This would indicate that the injured employee would have reached maximum medical improvement rather than continuing ongoing progress in treatment. For this reason this request for a functional capacity evaluation is not medically necessary.