

Case Number:	CM14-0019066		
Date Assigned:	04/23/2014	Date of Injury:	04/18/2012
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
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 Physical Medicine & Rehabilitation, 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 45-year-old female who reported an injury on 04/18/2012 of an unknown mechanism. In the clinical notes dated 12/03/2013, the injured worker complained of pain in the neck, bilateral shoulders and bilateral elbows. She is status post left shoulder rotator cuff repair surgery on 01/13/2013. She stated that she was seeing a chiropractor on her own and that it helped with her neck and back. In the physical examination, the left shoulder was documented as having limited range of motion and weakness 3/5 of the abductors and flexors. The right shoulder was documented as having tenderness in the acromioclavicular joint and anterior deltoid and a positive impingement test. The muscle testing on the right was 4/5 on flexion, abduction, and internal and external rotation. It was documented within the clinical note dated 09/12/2013 noted the physician that saw the injured worker stated she would have therapy, creams and medication for the right shoulder. The treatment plan included a request for an MRI (magnetic resonance imaging) for the right shoulder, physical therapy for the right shoulder, continuation of chiropractor visits on her own, and a request for a sleep study to rule out insomnia/sleep apnea due to the injured worker having stated that she had difficulty sleeping. The injured worker was recommended to return to work with no lifting over 5 pounds, no work above shoulder level, no forceful pushing, pulling, lifting, or carrying with the left upper extremity. If modified work was not available, then the injured worker should be put on temporary totally disabled. The request for authorization was not submitted.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for a functional capacity evaluation (FCE) is non-certified. The MTUS/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 (ODG) further state that FCE is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and for injuries that require detailed exploration of a worker's abilities. In the clinical notes, the injured worker was recommended to return to work with limitations of no lifting over 5 pounds, no work above shoulder level, no forceful pushing, pulling, lifting, or carrying with the left upper extremity. If these modifications were not available, then the injured worker was to be recommended for temporary totally disability. It was not clearly documented if the injured worker had been having issues with work and if a functional capacity evaluation was needed. It did not appear an ergonomic assessment has been arranged. Therefore, the request for a functional capacity evaluation is non-certified.