

Case Number:	CM14-0118877		
Date Assigned:	08/06/2014	Date of Injury:	09/27/2011
Decision Date:	09/10/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/29/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old male with date of injury 9/27/11. The treating physician report dated 5/16/14 indicates that the patient presents with pain affecting the right shoulder and left foot with pain levels rated a 7-8/10. Examination findings reveal muscle spasms affecting the cervical spine, right shoulder impingement test is positive and there are no sensory disturbances to light touch in legs. The current diagnoses are: 1. Right shoulder rotator cuff syndrome 2. Status post right shoulder rotator cuff repair 3. Left foot 2nd metatarsal fracture 4. Second MTP joint effusion 5. Bilateral carpal tunnel syndrome 6. Cervical disc protrusions C3-C7. Chronic myofascial pain syndrome. The utilization review report dated denied the request for functional capacity evaluation based on the rationale that there was no detail provided as to why a FCE was being requested.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations, Chapter 7 Page 132-139 Official Disability Guidelines (ODG): Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pg 137-138.

Decision rationale: The patient presents with chronic pain affecting the right post surgical shoulder and left foot. The current request is for functional capacity evaluation (FCE). In reviewing the treating physician reports provided there is no report found matching the 7/17/14 date that was reviewed by utilization review requesting the FCE. The most recent report submitted for review is dated 5/16/14 and the report states, "As currently his pain is under control and manageable with medications, he would continue Naproxen, Neurontin, Protonix and Voltaren gel locally. He would continue ROM, stretching and strengthening of right shoulder and left foot at home. He is permanent and stationary." The treating physician in this case states that the patient is permanent and stationary and there are no work restrictions provided. There is no request for an FCE in the treating physician's report to substantiate the request and there is no request from the employer or claim administrator for an FCE. Requested FCE is not medically necessary.