

Case Number:	CM14-0131057		
Date Assigned:	09/16/2014	Date of Injury:	04/08/2013
Decision Date:	10/16/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management, 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 female patient with a date of injury of April 8, 2013. A utilization review determination dated August 5, 2014 recommends as not medically necessary of a Functional Capacity examination for permanent and stationary. A progress note dated July 18, 2014 identify subjective complaints of bilateral shoulder pain rated at a 5/10 which increases to a 8/10 with activity and bilateral forearm pain rated at a 5/10 which increases to a 8/10 with activity. The pain is worse with activities of daily living and repetitive use, the pain is improved with modification, therapy, rest, and gel. Physical examination identifies tenderness over bilateral rotator cuff and subacromial space, Neers and Hawkins are positive bilaterally, range of motion is increased, and there is bilateral forearm flexor tenderness to palpation/hypertonicity. Diagnoses include bilateral shoulder tendinosis/osteoarthritis and bilateral forearm flexor tendinitis. The treatment plan recommends gel as prescribed, acupuncture two times a week for four weeks, referral to a general orthopedist, and request for a Functional Capacity Evaluation for Permanent and Stationary. A functional capacity evaluation dated April 30, 2014 identified job factor restrictions, such as no pushing or pulling more than 8 pounds, in order for the patient to successfully return to work as a dishwasher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination for Permanent & Stationary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Work

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for a Functional Capacity Examination for Permanent and Stationary, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, the patient had a functional capacity evaluation on April 30, 2014. There is no justification for another functional capacity examination. In the absence of clarity regarding those issues, the currently requested a Functional Capacity Examination for Permanent and Stationary is not medically necessary.