

Case Number:	CM14-0135352		
Date Assigned:	08/29/2014	Date of Injury:	12/25/2008
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 67 year old male with an injury date of 12/25/08. Based on 07/09/14 progress report provided by [REDACTED], the patient complains of left shoulder and left knee pain. Physical examination shows decreased range of motion of shoulder, especially external rotation 69/90. There is tenderness to palpation of anterior and posterior left shoulder, along with positive impingement and speed's. Left knee ranges of motion are decreased (flexion 123/140, extension 0/0). There is tenderness to palpation of the lateral knee. Patient is status post knee surgery 2012. Diagnosis 07/09/14 are: Left knee residuals after knee replacement surgery, Left shoulder pain and dysfunction, and Left shoulder rotator cuff tear, work related. [REDACTED] is requesting for Functional Capacity Evaluation. The utilization review determination being challenged is dated 07/25/14. The current guidelines note that a FCE is recommended prior to a work hardening program and that they are not recommended for routine use or for generic assessments. A review of the patient record does not indicate that the patient is to begin a work hardening program or is about to begin specific employment.

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 Official Disability Guidelines - Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with left shoulder and left knee pain. Regarding functional capacity evaluations, the MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. The reports have no mention of work status or any other limitation. Also, the treater does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Such as, Functional Capacity Evaluation is not medically necessary.