

Case Number:	CM14-0158198		
Date Assigned:	10/01/2014	Date of Injury:	07/21/2013
Decision Date:	11/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male with a work injury dated 7/21/13. The diagnoses include thoracic sprain; lumbar sprain; left shoulder ACOA tendinitis; bicipital tenosynovitis; left groin inguinal hernia/questional soft tissue mass; and coccyx sprain; Under consideration are requests for FCE (Functional capacity evaluation) for the thoracic spine, lumbar spine, and left shoulder. Per a 4/23/14 the patient is not working and has not worked since the day of injury 7/21/13. There is a 7/7/14 PR-2 document that states that the patient complained of upper and lower back pain; left shoulder, groin and coccyx pain. On exam there is tenderness over the thoracic and lumbar paraspinals, glutei, piriformis. There is spasm over the paraspinals and glutei. Range of motion is flexion of 60 degrees. Straight leg raise positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional capacity evaluation) for the thoracic spine, lumbar spine, and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, p. 132-139; Official Disability Guidelines, Fitness for Duty

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-Functional capacity evaluation

Decision rationale: FCE (Functional capacity evaluation) for the thoracic spine, lumbar spine, and left shoulder is not medically necessary per the MTUS and ODG guidelines. The ODG states that an FCE can be considered if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on fitness for a modified job, or inquiries that require detailed exploration of a worker's abilities. The MTUS guidelines state that at present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The documentation does not indicate conflicting medical reporting or complex issues such as prior unsuccessful work attempts. The request for an FCE (Functional capacity evaluation) for the thoracic spine, lumbar spine, and left shoulder is not medically necessary.