

Case Number:	CM14-0170580		
Date Assigned:	10/20/2014	Date of Injury:	04/13/2012
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 & 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:

This 52 year-old patient sustained an injury on 4/13/12 from cumulative trauma while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation (FCE) and Urine toxicology screen. Diagnoses include rotator cuff sprain/ shoulder joint and arm pain s/p right shoulder arthroscopy on 3/10/14. Conservative care has included medications, physical therapy, diagnostics, and modified activities/rest. Report of 7/28/14 noted patient with follow-up for right shoulder complaints with pain rated at 5/10. Exam showed mild pain, stiffness, and limited range to right shoulder; weakness in internal and external rotation (no degrees noted). Plan was to continue additional PT x 12 sessions with medications. The patient remained off work until 9/15/14 appointment. Report of 9/18/14 from the provider noted the patient with decreasing pain and stiffness; doing better. Exam was overall unremarkable with treatment plan for FCE to determine work restrictions to prevent further injury. The request(s) for Functional capacity evaluation (FCE) and Urine toxicology screen were non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: This 52 year-old patient sustained an injury on 4/13/12 from cumulative trauma while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation (FCE) and Urine toxicology screen. Diagnoses include rotator cuff sprain/ shoulder joint and arm pain s/p right shoulder arthroscopy on 3/10/14. Conservative care has included medications, physical therapy, diagnostics, and modified activities/rest. Report of 7/28/14 noted patient with follow-up for right shoulder complaints with pain rated at 5/10. Exam showed mild pain, stiffness, and limited range to right shoulder; weakness in internal and external rotation (no degrees noted). Plan was to continue additional PT x 12 sessions with medications. The patient remained off work until 9/15/14 appointment. Report of 9/18/14 from the provider noted the patient with decreasing pain and stiffness; doing better. Exam was overall unremarkable with treatment plan for FCE to determine work restrictions to prevent further injury. The request(s) for Functional capacity evaluation (FCE) and Urine toxicology screen were non-certified on 10/3/14. Per submitted reports, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without functional change. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional capacity evaluation (FCE) is not medically necessary and appropriate.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Drug Screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This 52 year-old patient sustained an injury on 4/13/12 from cumulative trauma while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation (FCE) and Urine toxicology screen. Diagnoses include rotator cuff sprain/ shoulder joint and arm pain s/p right shoulder arthroscopy on 3/10/14. Conservative care has included medications, physical therapy, diagnostics, and modified activities/rest. Report of 7/28/14 noted patient with follow-up for right shoulder complaints with pain rated at 5/10. Exam showed mild pain, stiffness, and limited range to right shoulder; weakness in internal and external rotation (no degrees noted). Plan was to continue additional PT x 12 sessions. The patient remained off work until 9/15/14 appointment. Report of 9/18/14 from the provider noted the patient with decreasing pain and stiffness; doing better. Exam was

overall unremarkable with treatment plan for FCE to determine work restrictions to prevent further injury. The request(s) for Functional capacity evaluation (FCE) and Urine toxicology screen were non-certified on 10/3/14. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed Naproxen and Protonix, both non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.