

Case Number:	CM14-0175904		
Date Assigned:	10/29/2014	Date of Injury:	05/27/2011
Decision Date:	12/05/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 61-year-old male who reported injury on 08/27/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right shoulder surgery, complete rupture of the right rotator cuff, lumbar disc displacement with myelopathy, lesion of sciatic nerve, rotator cuff syndrome, adhesive capsulitis of the right shoulder, and insomnia. Past medical treatment consists of surgery, physical therapy, acupuncture, infrared therapy, Estim, diathermy, medication therapy, and functional capacity evaluation. Diagnostics include a NCV/EMG that was obtained on 06/24/2014. On 06/23/2014, the injured worker complained of severe pain in the right shoulder and lumbar spine. Physical examination of the lumbar spine revealed that there was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2-S1, and bilateral quadratus lumborum. Lumbar range of motion was measured by an external goniometer or digital protractor. Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally. Yeoman's was positive on the right. Braggard's was positive bilaterally. The left patellar reflex was decreased. The right Achilles reflex was decreased as well. Examination of the shoulders revealed neurologic examination of the upper extremities was within normal limits bilaterally for deep tendon reflexes. There was crepitus of the right shoulder. There +2 spasm and tenderness to the right upper shoulder muscles and right rotator cuff muscles. Shoulder range of motion was measured by external goniometer or digital protractor. Speed's test was positive on the right. Supraspinatus test was positive on the right. Medical treatment plan was for the injured worker to continue with acupuncture, and was referred to surgical consultation of the lumbar spine. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: retrospective post op functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine), 2nd edition, Chapter 7 Independent Medical Examinations and Consultation, page 132-139

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM states that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The submitted documentation lacked objective findings upon physical examination demonstrating significant functional deficits. There was also no indication of high functional capacity evaluation would aid the provider in evolving treatment plan and goals for the injured worker. Furthermore, there was a lack of documentation of other treatments the injured worker underwent previous and the measurement of progress, as well as efficacy of the prior treatments. Given the above, the injured worker is not within the MTUS/ACOEM and Official Disability Guidelines recommended guidelines. As such, the request for an associated surgical service: retrospective post op functional capacity evaluation is not medically necessary.