

Case Number:	CM14-0176406		
Date Assigned:	10/29/2014	Date of Injury:	08/20/2014
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 63-year-old female with an 8/20/14 date of injury. The mechanism of injury occurred as the result of sitting in non-ergonomic chairs. According to a progress report dated 10/6/14, the patient reported severe pain in both shoulders radiating to the arms and elbows. She also reported pain in the right wrist/hand at the volar/radial aspect and lower back pain. Objective findings: tenderness along bilateral cervical spine, upper trapezius, and left paravertebral muscles; tenderness along AC joints, bicep tendon grooves, and rotator cuffs; positive impingement bilaterally; patellofemoral pain and crepitation on range of motion; mild tenderness along medial forefoot. Diagnostic impression: bilateral shoulder strain w/bilateral impingement and bilateral frozen shoulder; right wrist de Quervain's, lumbar spine sprain/strain. Treatment to date: medication management, activity modification. A Utilization Review (UR) decision dated 10/14/14 denied the request for Initial Functional Capacity Evaluation. The request for the patient's functional capacity evaluation (FCE) does not meet the requirements specified in CA MTUS guidelines. There is no medical documentation provided suggesting the case management is hampered by complex issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter - FCE

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, according to the reports provided for review, there is no evidence of prior unsuccessful return-to-work attempts or noted complex issues regarding the patient's return to work. There is no documentation that the patient is ready to return to work or what type of job she will be returning to. There is no description as to what type of functional level is required for the patient's job. Therefore, the request for Initial functional capacity evaluation was not medically necessary.