

Case Number:	CM14-0020711		
Date Assigned:	04/30/2014	Date of Injury:	01/24/2006
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 applicant has filed a claim for shoulder and arm pain reportedly associated with an industrial injury of January 24, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy; and earlier carpal tunnel release surgery. In an earlier progress note dated September 11, 2013, the applicant presented with multifocal neck, back, and wrist pain. The applicant was given various topical compounds and oral suspensions and placed off of work, on total temporary disability. Multiple progress notes throughout 2013 were surveyed. On each occasion, the applicant's primary treating provider placed the applicant off of work, on total temporary disability, through highly templated progress notes.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 2, page 21, does suggest that functional capacity testing can be considered when necessary to translate functional

impairment to limitations and restrictions, in this case, however, no clear rationale for the test in question has been provided. The applicant is off of work, on total temporary disability. The applicant does not appear to have a job to return to. It is not clearly stated why the FCE test in question is being sought. Therefore, the request is not medically necessary.