

Case Number:	CM14-0022704		
Date Assigned:	06/11/2014	Date of Injury:	07/02/2012
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Alabama. 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 62-year-old who was injured on July 2, 2012. She sustained an injury to her left shoulder when she was lifting a client and felt a pop in her shoulder. Prior medication history included Nocor and Tylenol. Diagnostic studies reviewed include MRI of the left shoulder dated June 28, 2013 which revealed normal findings. Progress report dated January 27, 2014 states the patient presents with pain in the left side of her neck. She reported it is a nagging and throbbing. She rated her pain as a 5/10. On exam, she has pain with left lateral rotation at 75 degrees. The range of motion is unrestricted all planes. There was no tenderness in the subacromial space of the shoulder. The assessment is cervical myofascitis. The treatment and plan included a MRI of the cervical spine as well as the functional capacity exam. Prior utilization review dated February 6, 2014 states FCE is denied as medical necessity has not been determined based on documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONALCAPACITY EVALUATION (FCE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Guidelines.

Decision rationale: The Official Disability guidelines recommend to consider an FCE if "timing is appropriate: close or at MMI/all key medical reports secured; case management is hampered by complex issues such as: prior unsuccessful RTW (return to work) attempts, conflicting medical reporting on precautions and/or fitness for modified job." In this case there is no clear documentation of maximal medical improvement, case management being hampered by complex issues such as prior unsuccessful RTW attempts, or conflicting medical reporting on precautions. In addition, the guidelines state "do not proceed with an FCE if: the sole purpose is to determine a worker's effort of compliance; the worker has returned to work and an ergonomic assessment has not been arranged." The FCE is "not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The request for an FCE is not medically necessary or appropriate.