

Case Number:	CM14-0024779		
Date Assigned:	03/14/2014	Date of Injury:	03/09/2012
Decision Date:	08/04/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	02/27/2014

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:

This is a 45-year-old female patient with a 3/9/12 date of injury. 2/7/14 progress report indicates increasing headaches, right shoulder pain, cervical spine pain, and right temporomandibular joint pain. The patient complains of temporomandibular joint pain, cervical spine pain, and right shoulder pain. Physical exam demonstrates right cervical tenderness, positive cervical compression test, limited cervical range of motion, decreased sensation on the ulnar aspect of the right forearm and along the ulnar nerve of the right hand. There is decreased right deltoid and biceps strength. There is right shoulder tenderness and limited range of motion. Treatment has included medication, activity modification, hot packs, physical therapy, neck brace, chiropractic care, acupuncture, work conditioning, psychological evaluation, biofeedback, Extracorporeal Shockwave Therapy, (ESWT), and subacromial cortisone injection. The patient underwent Quantitative Functional Capacity Evaluations, (QFCEs), on 7/26/12 and 8/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FINAL FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 132-139); Official Disability Guidelines ODG (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS Guidelines 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, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. With two previous QFCE's recently obtained, it is unclear how a third FCE would alter the further course of the patient's return to work efforts. The request for a Final Functional Capacity Evaluation is not medically necessary.