

Case Number:	CM14-0029502		
Date Assigned:	04/09/2014	Date of Injury:	04/12/2011
Decision Date:	10/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Louisiana. 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 57 year old male who was injured on 04/12/2011 while working as a machine operator, performing his usual and customary duties. The patient underwent intra-articular debridement, subacromial decompression with bursectomy and micro-tenotomy on 12/13/2012. Prior medication history included Zanaflex, Norco, and tramadol. According to the UR, the patient was seen on 12/09/2013 for complaints of low back pain with multilevel disc bulges and left lower extremity radiculopathy. He also reported cervical spine pain. His exam revealed muscle tightness of the right shoulder which he was using cyclobenzaprine cream. There were no reports provided documenting measurable objective findings that would give an indication for the request below. Prior utilization review dated 01/02/2014 states the request for Final FCE (Functional Capacity Evaluation) is not certified as guidelines do not support FCE's in injured workers who are not close to or at MMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

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

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluation are recommended prior to admission to a Work Hardening Program, with preferences for assessments tailored to a specific task or job. Guidelines do not support FCE in injured workers who are not close to or at Maximum Medical Improvement (MMI). In this case, the supporting documentation indicates multiple continued complaints and functional limitation which are not close to or at MMI therefore, this request is not medically necessary at this time.