

Case Number:	CM14-0029595		
Date Assigned:	05/02/2014	Date of Injury:	06/25/2011
Decision Date:	07/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery 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 claimant is a 58-year-old who sustained a repetitive work injury to the neck, low back and shoulders on 06/25/11. The records provided for review document that the claimant is status post a 07/12/13 right shoulder arthroscopy, subacromial decompression, bicep tenodesis, and loose body removal. The postoperative records include a 01/16/14 progress report that noted handwritten subjective complaints of low back pain, neck and right shoulder pain and that the claimant was still in physical therapy. Objective findings were not documented. Working assessment was right shoulder arthroscopy with cervical and lumbar degenerative disc disease and continued pain. Recommendations were for a functional capacity examination as well as an interferential unit for further treatment of the claimant's multiple musculoskeletal complaints. There is no documentation of postoperative imaging in regards to the claimant's shoulder. There are current work restrictions for sedentary work with no overhead use of the right arm and a 5-pound lifting restriction.

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 Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 8: Neck and Upper Back and Chapter 12: Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK HARDENING PROGRAM ADMISSION, FUNCTIONAL CAPACITY EXAMINATION (FCE) Page(s): 125-126.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the request for a functional capacity examination. While the medical records provided for review in this case indicate continued complaints of pain since the time of claimant's surgical process in July of 2013, there is no documentation of an attempt to return to work or an inability to advance work restrictions independently. The absence of a failed return to work attempt would fail to support the role of a functional capacity exam in this individual. Therefore, the request is not medically necessary.