

Case Number:	CM14-0038047		
Date Assigned:	06/25/2014	Date of Injury:	08/19/2013
Decision Date:	08/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 63-year-old male who sustained an injury to his right upper extremity on 08/09/13 while unloading tires from a trailer; he felt pain in his right shoulder. Magnetic resonance image of the right shoulder dated 11/11/13 revealed moderate degenerative arthritis of the right acromioclavicular joint; subacromial-sub deltoid bursitis; tendinosis of the supraspinatus tendon; tendinosis of the intraarticular portion of long head of the biceps tendon; degenerative arthritis of the glenohumeral joint with joint effusion. Physical examination noted right shoulder pain 3/10 visual analog scale; subjective complaints of popping, clicking, and weakness. The patient reported chiropractic manipulation treatment mildly helpful and an additional six visits were requested.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition 2004: Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule states that behavioral interventions are recommended for identification and reinforcement of coping skills and is often more useful in the treatment of pain than ongoing medications and therapy, which could lead to psychological and physical dependence. The Official Disability Guidelines state that cognitive behavioral therapy should be used to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. No information was submitted indicating any patient comorbidity that would prevent him from returning to work or inhibit progress of traditional conservative treatment. Given this, the request for functional capacity evaluation is not indicated as medically necessary.