

Case Number:	CM14-0039478		
Date Assigned:	06/27/2014	Date of Injury:	06/18/2013
Decision Date:	08/20/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Nevada. 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 28-year-old male who was reportedly injured on June 18, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of left arm, wrist, elbow, and shoulder pain. The physical examination demonstrated decreased left shoulder range of motion with flexion and abduction limited to 120. There was tenderness at the lateral epicondyles and extensor mass. Decreased range of motion of the left wrist was noted with tenderness along the scaphoid. There was a diagnosis of a contusion of the left wrist and upper arm, a scapular strain and left elbow epicondylitis. Diagnostic imaging studies of the left shoulder revealed supraspinatus tendinitis. Previous treatment includes a left wrist brace. A request was made for a functional capacity evaluation and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization ScheduleODG: Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Functional Improvement Measures, Updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, functional improvement measures are recommended as they can repeatedly be used over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The most recent progress note dated February 12, 2014, states that the injured employee is no longer working on limited duty as his employer is unable to accommodate is limited duty status. Considering this, at this time, this request for a functional capacity evaluation is medically necessary.