

Case Number:	CM14-0045991		
Date Assigned:	07/02/2014	Date of Injury:	02/29/2012
Decision Date:	08/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female with a reported injury on 02/29/2012. The mechanism of injury was not provided. The injured worker had an orthopedic exam, on 01/16/2014, due to recovering from right shoulder arthroscopic surgery on 10/02/2013. She has had physical therapy and is reported to have been doing well. Her diagnoses, at that point, was cervical disc bulging with mild spondylolisthesis and status post right shoulder arthroscopy with subacromial decompression for impingement syndrome and bursitis. The recommendation of treatment for her at that time was to complete her physical therapy sessions and to begin a home exercise program. The injured worker also had a primary exam, on 01/27/2014, for a follow-up as well. She has been approved for 12 more visits of her physical therapy and she was doing her home exercise program at that time. The only medication that was provided is the fact that the injured worker is on tramadol, no other medications were provided. There was no indication or no mention of a return to work program. There is no request for authorization for functional capacity evaluation and the rationale was not provided.

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 Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, 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 Official Disability Guidelines (ODG), Fitness for Duty, Function for Capacity Evaluation.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The injured worker is a 51-year-old female who had right shoulder arthroscopy surgery on 10/02/2013. She has been doing her physical therapy and her home exercises and it is reported that she is doing well. California Guidelines do not address the functional capacity evaluation. The Official Disability Guidelines do recommend for the functional capacity evaluation to be done if the worker is actively participating in determining the suitability of a particular job, then it is more likely to be successful. A functional capacity evaluation is not effective when the referral is less collaborative and more directive. There was no indication or no documentation of any evidence that the injured worker is returning to work and there was no mention of any prior unsuccessful return to work attempts. Therefore, the request for functional capacity evaluation is not medically necessary.