

Case Number:	CM14-0047966		
Date Assigned:	07/02/2014	Date of Injury:	08/02/2013
Decision Date:	08/27/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/16/2014

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 General Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45 year old male employee with date of injury of 8/2/2013. A review of the medical records indicates that the patient is undergoing treatment for pain in the cervical spine, lumbar spine, and bilateral shoulders. Subjective complaints include pain in the cervical spine, lumbar spine, and bilateral shoulders (rated 9/10). Patient also reported increased right shoulder pain with associated sweating, numbness, tingling, and weakness. Symptoms increased with movement. Objective findings include cervical spine sprain/strain, lumbar spine sprain/strain, and bilateral shoulder tendonitis. He has joint tenderness at the right Acromioclavicular (AC) joint and marked reduced active and passive range of motion. MRIs performed on 12/10/2013 revealed right should findings including acromioclavicular osteoarthritis, supraspinatus tendonitis, infraspinatus tendonitis, and ganglion versus synovial cyst in the spinoglenoid notch. Findings in the left shoulder include subchondral cyst formation, acromioclavicular osteoarthritis, and supraspinatus and infraspinatus tendonitis. Findings in the lumbar spine include nonspecific straightening of the normal lumbar lordosis, posterior annular tear in the intervertebral disc and the L3-4 level with accompanying 3 mm posterior disc bulge resulting in mild canal stenosis with bilateral exiting nerve root compromise, and a 2 mm posterior disc bulge at the L4-5 level without evidence of canal stenosis or neural foraminal narrowing. Findings in the cervical spine include spondylitic changes, moderate right and mild left neural foraminal narrowing at the C4-5 level with bilateral exiting nerve root compromise secondary to a posterior disc bulge, moderate left and mild right neural foraminal narrowing at the C5-6 level with left exiting nerve root compromise secondary to a posterior disc bulge, mild to moderate right and moderate left neural foraminal narrowing at the C6-7 level with bilateral exiting nerve root compromise secondary to a posterior disc bulge and moderate to severe bilateral neural foraminal narrowing with bilateral exiting nerve root compromise secondary to a disc bulge at

the C7-T1 level. Treatment has included Cyclobenzaprine 7.5 daily, Naproxen 550 mg daily, Omeprazole 20 mg daily. The utilization review dated 3/31/2014 non-certified of Functional Capacity Evaluation (FCE) due to lack of documented indication for FCE.

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 Official Disability Guidelines, Fitness for duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. Additionally, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. ODG further specifies guidelines for functional capacity evaluations Recommended prior to admission to a Work Hardening (WH) Program. An FCE is time-consuming and cannot be recommended as a routine evaluation. Consider an FCE if 1) case management is hampered by complex issues such as: - prior unsuccessful Return to Work (RTW) attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at Milliman Medical Index (MMI)/all key medical reports secured. - Additional/secondary conditions clarified. The medical documents provided do not indicate that any of the above criteria were met. As such, the request for Functional Capacity Evaluation is not medically necessary.