

Case Number:	CM14-0051853		
Date Assigned:	07/07/2014	Date of Injury:	10/14/2013
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

This is a 58 year old male patient with a 10/14/2013 date of injury. According to a progress note by Keystone Medical Group on 1/13/2014, the patient was working at the line loading when he squatted to lift a tote weighing 50 pounds. The patient was injured when he began lifting the tote. He immediately felt a pulling sensation in the left shoulder and sharp pain in his thoracic and lumbar spine. Patient was being seen at [REDACTED] between the dates of 10/14/2013 and 11/12/2013. Patient returned to work with restrictions. Also between the dates of 11/20/2013 and 12/18/2013 patient was seen by [REDACTED] and was returned to work with restrictions. Objective: The neurological examination of the bilateral upper extremities was within normal limits bilaterally for deep tendon reflexes, dermatomes and myotomes. There was +4 spasm and tenderness to the left rotator cuff muscles and left upper shoulder muscles. Orthopedic testing including codman's test, speeds test and supraspinatus test were all positive on the left. No diagnostic test were available for review. Diagnostic Impression: Lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement without myelopathy, and partial tear of rotator cuff tendon of the left shoulder. Treatment-to-date: Medication management, physical therapy A UR decision dated 3/20/2014 denied the request for functional capacity evaluation left shoulder symptoms. Explanation was that there were no objective orthopedic or neurologic examination findings for review within the documentation available. The decision was based on the available information which does not support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation left shoulder symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.23, Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM Chapter 7 Independent Medical Examinations and Consultations (page 132-139) and the Official Disability Guidelines ODG (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient was able to return to work with restrictions. The available documents do not explain if the patient was able or not able to perform his duties when he returned to work. Furthermore, no specific conflicting medical reporting on precautions and/or fitness for modified job were found in the records. Therefore, the request for functional capacity evaluation left shoulder symptoms is not medically necessary.