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| Case Number: | CM14-0070055 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 09/30/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of September 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for a qualified functional capacity evaluation, invoking 2008 ACOEM Guidelines which it mislabeled as originating from the MTUS. In a progress note dated March 26, 2014, the applicant reported persistent complaints of shoulder, wrist, and hand pain, reportedly severe. Additional physical therapy to include modalities such as electrical stimulation, infrared therapy, and paraffin therapy was sought. A functional capacity evaluation was also endorsed, along with a psychosocial factor screen, work hardening screen, and electrodiagnostic testing of the bilateral upper extremities. The applicant was placed off of work, on total temporary disability. In an earlier note dated February 12, 2014, the applicant was again placed off of work, on total temporary disability. Several topical compounded drugs were issued, along with a prescription for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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 Guidelines Pages 506-512

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does recommend functional capacity testing when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. The applicant does not seemingly have a job to return to. It is unclear what role quantifying the applicant's impairment via a functional capacity evaluation would serve if the applicant does not have a job to return to and/or has no intention of returning to workplace and/or workforce. Therefore, the request is not medically necessary.