

Case Number:	CM14-0071198		
Date Assigned:	07/14/2014	Date of Injury:	10/07/2013
Decision Date:	08/14/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery, 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 injured worker is a 62-year-old male who was reportedly injured on 10/7/2013. The mechanism of injury was listed in these records reviewed. The most recent progress note dated 3/18/2014, indicated that there were ongoing complaints of neck and shoulder pains. The physical examination demonstrated positive tenderness at his neck and shoulder with pain, and with motion. No recent diagnostic studies were available for review. Previous treatment included medications, physical therapy and conservative treatment. A request had been made for functional capacity evaluation and was not granted in the pre-authorization process on 4/18/2014.

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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation 2013 Fitness for Duty Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: The American College of Occupational and Environmental Medicine supports the use of functional capacity evaluations, if the clinician feels that such information is crucial. Based on clinical documentation provided, there was no identifiable determination for the need for functional capacity evaluation based on the limited physical examination and objective clinical findings as well as minimal complaints on history. Therefore, the recommendation for this evaluation is not medically necessary.