

Case Number:	CM14-0081354		
Date Assigned:	07/18/2014	Date of Injury:	09/09/1998
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 and 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 60-year-old female who reported an injury on 09/09/1998. The injured worker complained of right shoulder pain, which she rated at a 6/10. The injured worker also stated that she had pain in her wrist, which was about an 8/10. The mechanism of injury was not submitted in the documentation. The injured worker has diagnoses of chronic and continuing right shoulder pain and disability, with a failed shoulder, status posts multiple surgeries. Past medical treatment consists of occupational therapy, physical therapy, injections, chiropractic therapy, surgery, and medication therapy. Medications include Ibuprofen 800 mg 1 tablet 3 times a day, Norco 10/325 mg 1 tablet 2 times a day, Tramadol ER 100 mg 3 times a day, and Flexeril 10 mg 1 tablet at bedtime. Urinalysis that was obtained on 03/04/2014 revealed that the injured worker was in compliance with her prescription medications. The injured worker has undergone several surgeries to include arthroscopic acromioplasty to the right shoulder on 08/13/2013. The injured worker complained of right shoulder pain, which she rated at a 6/10. The injured worker also stated that she had pain in her wrist, which was about an 8/10. Physical examination dated 07/03/2014 revealed that the injured worker had tenderness to palpation on her shoulder and deltoid, right side greater than left. The injured worker had decreased active range of motion of the bilateral shoulders. Her trapezoids were tender to palpation bilaterally although right was greater than the left. Her cervical spine paraspinal muscles were tender to palpation. The injured worker's grip strength on her right hand was 4/5; left hand was 5/5. The injured worker had full active range of motion of her neck without any pain and her upper extremity sensation was intact bilaterally. The treatment plan for the injured worker is to undergo a computerized Functional Capacity Evaluation. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for a Computerized Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend Functional Capacity Evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional Capacity Evaluations are only considered if case management is hampered by complex issues, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. The Official Disability Guidelines also recommends FCEs is timing is appropriate, if the subject is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. Given that the Official Disability Guidelines recommendations support the use of functional capacity evaluations when case management is impeded by complex issues, and the injured worker is close to maximum medical improvement; the injured worker would not be in compliance with the Official Disability Guidelines recommendations. The request did not address the medical necessity of an FCE based on the injured worker approaching maximum medical improvement or failing a prior return to work attempt. The submitted report did not reveal any evidence that the injured worker had been improving on any functional deficits following the course of treatment or pending for diagnostics due to either chronic pain or case management hampered by complex medical issues. As such, the request for a Computerized Functional Capacity Evaluation is not medically necessary.