

Case Number:	CM14-0081987		
Date Assigned:	07/18/2014	Date of Injury:	08/10/2012
Decision Date:	09/17/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/03/2014

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 40 year-old male with a 8/10/12 date of injury. The mechanism of injury occurred during a motor vehicle accident. According to a 5/20/14 progress report, the patient complained of ongoing pain in the right shoulder, neck, and back that radiated down the right arm and back. He rated his pain 8 on a scale of 0-10. His pain was exacerbated by activities of daily living and relieved by heat, massage, and medications. Associated symptoms included tingling, weakness, locking, and spasms. Objective findings: crepitus noted right shoulder; tenderness to palpation in the biceps tendon bilaterally; trigger points palpated in upper and lower trapezius, splenius capitis, and quadratus lumborum bilaterally; pain limited ROM of the right shoulder. Treatment to date: medication management, activity modification, massage therapy, physical therapy. A UR decision dated 5/8/14 denied the request for functional capacity evaluation. The rationale for the requested functional evaluation needs to be clarified. There is no indication that the patient is at or close to MMI. There is also no evidence of a definite vocational plan of care or available job positions to support the need for this evaluation. Guidelines indicate that Functional Capacity Evaluation studies are more valuable when a specific job description or vocational plan has been outlined.

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 Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that Functional Capacity Evaluations (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 return to work 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 maximum medical improvement/all key medical reports secured), and additional/secondary conditions have been clarified. According to the progress reports, there is no evidence of prior unsuccessful return-to-work attempts or noted complex issues regarding the patient's return to work. There is no documentation that the patient is ready to return to work or what type of job he will be returning to. There is no description as to what type of functional level required for the patient's job. Therefore, the request for a Functional Capacity Evaluation is not medically necessary.