

Case Number:	CM14-0082990		
Date Assigned:	07/21/2014	Date of Injury:	10/12/2011
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 42-year-old who reported an injury on October 3, 2011. The mechanism of injury was not provided for clinical review. The diagnosis included left shoulder impingement syndrome, lumbar disc protrusion, and lumbago. The previous treatments included medication, epidural steroid injections. Within the clinical note dated March 19, 2014, it was reported the injured worker complained of low back pain. He rated his pain 7/10 in severity for his low back. He complained of left shoulder pain. The injured worker rated his left shoulder pain 5/10 in severity. The injured worker complained of weakness in the back and shoulder and locking in shoulder. Upon the physical examination of the left shoulder the provider noted the injured worker had decreased tenderness to palpation. The injured worker had a positive Neer and Hawkins-Kennedy test. Manual muscle strength was 4/5 with flexion/extension. The range of motion was flexion at 170 degrees, and extension at 40 degrees. The provider noted that lumbar spine had decreased tenderness to palpation. The injured worker had decreased trigger points noticeable in the lumbar paraspinal muscles bilaterally. The range of motion was reduced due to pain. The range of motion was flexion at 50 degrees and extension at 15 degrees. The request submitted is for a qualified Functional Capacity Evaluation. However, as rationale was not provided for clinical review. The Request for Authorization was submitted and dated on April 18, 2014.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Fitness for Duty Procedure Summary last updated 5/12/10.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination; under the circumstances, this can be done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program, with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as routine, as part of occupational rehab or screening, or generic assessment in which the question is whether someone can do any type of job generally. There is a lack of documentation indicating how the Functional Capacity Evaluation will aide the provider in the injured worker's further treatment plan and goal. There is a lack of documentation upon physical examination of the treatments the injured worker has undergone previously, and the measurement of progress with the prior treatments. The provider's rationale was not provided for clinical review. There is a lack of significant functional deficits, including decreased sensation and motor strength in a specific dermatomal or myotomal distribution. The provider failed to document whether a work hardening program would be recommended. Therefore, the request for a qualified functional capacity evaluation is not medically necessary or appropriate.