MAXIMUS Federal Services

Case Number:	CM14-0090731		
Date Assigned:	07/23/2014	Date of Injury:	08/10/2012
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine & Rehab 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 40-year-old male who reported an injury on 08/10/2012 due to an unspecified mechanism of injury. On 05/20/2014, he reported ongoing pain in the right shoulder, neck, and back that radiated down to the right arm and back, and was rated at an 8/10 on the pain scale. Associated symptoms included tingling, weakness, locking and spasms. A physical examination revealed tenderness to palpation in the biceps tendon bilaterally, crepitus in the right shoulder, and trigger points palpated in the upper trapezius, lower trapezius, splenius capitis, and quadratus lumborum bilaterally. Range of motion was documented to be painful and limited in the right shoulder, motor strength to the left elbow was 4+/5, right elbow 4-/5, left/right hip were 4/5 both with flexion, left/right knee extension were 4/5, and left/right ankle were 4/5 with dorsiflexion. Sensation was noted to be intact at the L3-S1 bilaterally with paresthesias noted in the digits on 1 through 3 on the right and digits 1 and 2 on the left, patellar reflexes were 2+ bilaterally and Achilles tendon reflexes were 1+ bilaterally. He had a positive apprehension test on the right shoulder, positive Hawkins test bilaterally, Speed's test positive on the left, and SI compression test positive in the hips. Diagnostic studies and surgical history was not provided in the medical records. His diagnoses were listed as impingement shoulder and frozen shoulder. His medications included docusate sodium 100 mg soft gel, and Norco 10/325 mg. Past treatments were not provided in the medical records. The treatment plan was for a Functional Capacity Evaluation as a baseline testing for a functional restoration program. The request for authorization form was signed on 06/11/2014. The rationale for treatment was to thoroughly evaluate the injured worker's baseline function for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation as baseline testing for Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE).

Decision rationale: The request for a Functional Capacity Evaluation as baseline testing for functional restoration program is not medically necessary. The requesting physician had made a statement that the purpose of the Functional Capacity Evaluation was for baseline testing as part of a functional restoration program initial evaluation. The California MTUS/ACOEM Guidelines state that a number of functional assessment tools are available including Functional Capacity Exams and videotapes. Most assess general functioning but modifications to test work-related functioning are underdevelopment or can be created by a clinician. The Official Disability Guidelines state that Functional Capacity Evaluations are recommended prior to admission to a work hardening program with preference for assessments tailored to a specific task or job and is not recommended for 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. The guidelines for performing a Functional Capacity Evaluation include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of the worker's abilities. Do not proceed with a Functional Capacity Examination if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and ergonomic assessments have not been arranged. Based on the clinical information submitted for review, a functional capacity evaluation is not medically necessary. There is a lack of documentation of prior unsuccessful return to work attempts and there is no documentation that he was to enter a work hardening program. The request is not supported by the guideline recommendations as the injured worker does not meet the criteria for which a Functional Capacity Evaluation would be indicated. Given the above, the request is not medically necessary.