

Case Number:	CM14-0130937		
Date Assigned:	08/20/2014	Date of Injury:	02/07/2012
Decision Date:	03/06/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 59-year-old male with a reported industrial injury on February 7, 2012, is reported he fell while lifting a manhole cover. The injured worker was seen on July 28, 2014, for follow-up visit with orthopedic surgeon. The presenting complaints included neck, right shoulder, mid back and low back pain. The pain is pulsing in the right shoulder with severe numbness in the right fingers and toes. The physical exam revealed cervical and lumbar tenderness with spasms and decreased range of motion, decreased sensation of the right upper extremity, right acromioclavicular tenderness and decreased shoulder range of motion with decreased sensation of the right L2, L3 and L5 nerve root distribution. On January 29, 2014, a right shoulder impingement release and manipulation of the right shoulder was performed. The injured worker has had physical therapy and chiropractic care. Diagnoses are right shoulder rotator cuff tendinitis secondary to impingement syndrome and adhesive capsulitis, status post right shoulder impingement release surgery. The treatment plan is Functional Capacity Evaluation and cervical epidural steroid injection. Per the doctor's note dated 8/22/14 patient had complaints of pain in neck, back and right shoulder with radiation of pain-Physical examination of the right shoulder revealed positive Hawkin and neer test, and cross arm test, 3/5 strength, limited range of motion -Physical examination of the cervical spine was not specified in the records provided -Physical examination of the lumbar spine revealed positive SLR, and painful ROM-The medication list include Aspirin and Metformin. The patient has had X-ray of the right shoulder that revealed degenerative changes; MRI of the cervical spine that revealed degenerative changes and foraminal stenosis and EMG revealed cervical radiculopathy; MRI of

the lumbar spine that revealed degenerative changes and foraminal stenosis and EMG revealed lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Evaluations): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES(FITNESS FOR DUTY) GUIDELINES FOR PERFORMING AN FCE: RECOMMENDED PRIOR TO ADMISSION TO A WORK HARDENING (WH) PROGRAM, WITH PREFERENCE FOR ASSESSMENTS TAILORED TO A SPECIFIC TASK OR JOB

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Fitness for Duty(updated 9/23/14) Functional capacity evaluation (FCE)

Decision rationale: Request: MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if. The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Any criteria listed in the guidelines that would require a FCE was not specified in the records provided. Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if." The sole purpose is to determine a worker's effort or compliance."Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The medical necessity of the request for FCE (Functional Capacity Evaluations is not fully established for this patient.