MAXIMUS Federal Services

Case Number:	CM14-0138357		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2014
Decision Date:	01/07/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 15, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; six sessions of physical therapy; and work restrictions. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for a functional capacity evaluation. Both MTUS and non-MTUS Guidelines were invoked. The claims administrator stated that its decision was based on progress notes of July 23, 2014 and July 2, 2014. The applicant's attorney subsequently appealed. In a July 2, 2014, the applicant reported ongoing complaints of shoulder and arm pain some six weeks removed from the date of a trip and fall industrial injury. Trigger point injections had generated some fleeting relief. The applicant exhibited shoulder range of motion to 140-150 degrees of flexion. Work restrictions and a functional capacity evaluation were endorsed. It was not clearly stated whether the applicant was working or not with a 10-pound lifting limitation in place.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter, Functional Capacity Evaluation topic

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation may be considered when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, it was not clearly stated for what purpose the FCE in question was being sought. It was not clearly stated whether or not the applicant was working with a rather proscriptive 10-pound lifting limitation in place. ODG's Fitness for Duty Chapter, Functional Capacity Evaluation topic also suggests considering a functional capacity evaluation in applicants whose case management has been hampered by prior unsuccessful return to work attempts, conflicting reporting of an applicant's fitness for duty, and/or injuries which require detail exploration of worker's ability. Here, however, it was not clearly evident that the applicant had in fact tried and failed to return to work on a trial basis. There was no evidence that the applicant had a job which required detailed exploration of the applicant's abilities and/or capabilities. In short, a compelling rationale for pursuit of FCE testing was not set forth by the requesting provider. Therefore, the request is not medically necessary.