

Case Number:	CM14-0191876		
Date Assigned:	11/25/2014	Date of Injury:	06/27/2014
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 52 year old male/female with an injury date on 6/27/14. Patient complains of achy, throbbing pain across neck/left shoulder down to her forearm, wrists, and fingers with numbness/tingling, and pain in lower extremities per 10/2/14 report. The patient has not improved significantly since last visit per 7/22/14 report. Based on the 10/2/14 progress report provided by the treating physician, the diagnoses are: cervicobrachial syndrome, left rotator cuff bursitis syndrome and bicipital tenosynovitis. A physical exam on 10/2/14 showed "range of motion of shoulders is limited with flexion at 120 degrees bilaterally. Elbow flexion/extension are 4--5 on the left." No range of motion testing of the C-spine was included in reports. The patient's treatment history includes cryotherapy, acupuncture (briefly helpful), physical therapy, TENS (briefly helpful), medications (helpful 60%). The treating physician is requesting functional capacity evaluation. The utilization review determination being challenged is dated 11/7/14. The requesting physician provided treatment reports from 7/10/14 to 11/4/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines 2nd Edition,

Independent Medical Examinations and Consultations Chapter, pages 137 and 138 and the Official Disability Guidelines (ODG): Fitness for duty .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM: 2nd Edition, (2004) Chapter 7, pages 137 and 138 (FCE).

Decision rationale: This patient presents with neck pain, pain in upper extremities, pain in lower extremities, and bilateral shoulder pain. The provider has asked for Functional Capacity Evaluation on 10/2/14. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the patient presents with chronic cervical/upper extremity pain with radicular symptoms. Regarding the request, the provider does not indicate any special circumstances that would require a Functional Capacity Evaluation. Routine FCE's is not supported by the guidelines. The requested Functional Capacity Evaluation is not medically necessary.