MAXIMUS Federal Services

Case Number:	CM14-0201562		
Date Assigned:	12/12/2014	Date of Injury:	10/07/2013
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old man sustained n industrial injury on 10/7/2013 after misstepping and falling, injuring his left shoulder. This resulted in a non-displaced ulnar styloid process fracture and comminuted non-displaced fracture of the distal radius. Evaluations included left wrist CT scan reporting a non-displaced intraarticular fracture of distal radius on 10/8/2013, left wrist x-ray reported a non-displaced ulnar styloid fracture and non0-diplaced fracture of distal radius on 10/25/2013, MRI of cervical spine reported moderate to severe right C5-C6 and C6 foraminal narrowing and moderate C5-C6 and C6-C7 degenerative disc disease with a narrowing in the canal of C5-C6 on 6/20/2014, needle EMG/ECV study of the upper extremities reported as normal with incidental bilateral carpal tunnel syndrome on 11/6/2014, and MRI of the left shoulder reported as supraspinatus and infraspinatus tendinopathy with parietal tear and mild arthrosis of AC joint on 11/13/2013. Treatment included left wrist brace, 12 visits of occupational therapy, surgical intervention, epidural steroid injection, wrist injection, and oral medications. After seeing an orthopedic surgeon, he was discovered to also have a left partial rotator cuff tear and had a left shoulder extensive debridement of partial thickness rotator cuff tear on 4/25/2014 with post-operative occupational therapy. Physician notes dated 12/1/2014 show decreased range of motion of the cervical spine and left shoulder and normal range of motion to bilateral wrists. There are reports of constant neck, left shoulder, and left wrist pain that shoots to his left forearm. The worker was able to return to his job, however, is now laid off. He is determined to be at permanent and stationary status and has lost approximately 50% of pre-injury capacity. On 11/10/2014, Utilization Review evaluated a prescription for functional

capacity evaluation. The UR physician noted that there was limited information available that would justify a functional capacity evaluation. The request was denied and subsequently appealed to Independent Medical Review.

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 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, pages 132-139 and on the Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses functional capacity evaluations in the context of work hardening or work conditioning. Functional capacity evaluation is recommended when there is concern about the patient's ability to return to a specific job in the medium or higher demand level. The records in this case indicate that this patient was able to return to his former job but then stopped working for non-medical reasons. It is unclear at this time what job the patient proposes returning to or the physical requirements of that job or the rationale for a functional capacity evaluation. Therefore, in this setting the medical records and guidelines do not support the request for a functional capacity evaluation. This request is not medically necessary.