

Case Number:	CM14-0203044		
Date Assigned:	12/15/2014	Date of Injury:	02/11/2012
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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 New York. 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 26 year old female who sustained a work related injury February 11 2012, to her left upper extremity, as a result of losing control of a box weighing approximately 45 pounds as she attempted to remove it from a high shelf. She had undergone conservative care including extensive physical therapy, chiropractic care, and medications. An EMG/NCV report dated 2/21/2014, and present in case file, reveals a normal study of the bilateral upper extremities. An MRI of the left shoulder dated September 14, 2012, and present in the case file reveals an unremarkable study. According to a primary treating physician's report dated November 18, 2014, the injured worker presented with left shoulder pain rated 5/10 with medication and 7-8/10 without. The treating physician documents that a left shoulder scope has been denied for a second time. She is working with restrictions, 20 hours per week with no lost time. Physical examination reveals range of motion left shoulder forward flexion 120 degrees, abduction 90 degrees, and external rotation to lower back 60 degrees. The AC joint left shoulder, left deltoid both posterior and anterior and left axillary are all tender to palpation. Diagnoses are documented as; adhesive capsulitis and sprain/strain c-spine. Treatment plan included; medication and continue ice/heat, pendulums, pulley and bands pending authorization for surgery, and a request for a functional capacity evaluation. Work status is documented as modified to an increase to a 6 hour day, continue lifting, pulling, pushing, and carrying to 10 pounds max, no overhead work, or repetitive use of upper extremities for more than 20 minutes without alternating with non-upper extremity activities for 20 minutes. According to utilization review performed November 24, 2014, MTUS guidelines do not support functional capacity evaluations, whether qualitative or quantitative. Furthermore, there is no medical basis for a separate formal evaluation. The request for a Functional Capacity Evaluation is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluation (FCEs), page 138

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 Official Disability Guidelines (ODG) Fit for Duty, Functional Capacity Evaluation (FCE).

Decision rationale: The MTUS does not have a lot of guidance on use of FCE. It does mention that an FCE can be ordered when necessary to translate medical impairment into functional limitations and determine work capability. The ODG gives guidance on ordering functional capacity evaluations: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. 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. Per the request, the physician would like to determine permanent work restrictions. This appears to be translating medical impairment into functional limitations, as described in the CA-MTUS (ACOEM) guidelines. As per ODG, this claimant has been deemed permanent and stationary, satisfying the timing appropriateness. The surgeon is requesting a new procedure on the claimant's shoulder, which would make it difficult to determine permanent restrictions before the surgery and rehabilitation are completed. However, the request for surgery has been denied. Given the surgeon's inability to proceed with additional treatment, it is reasonable to get an FCE to determine the claimant's capacity for work. The request is medically necessary.