

Case Number:	CM14-0205654		
Date Assigned:	12/17/2014	Date of Injury:	01/10/2014
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional spine 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 39 year old female with an injury date of 01/10/14. Based on the 06/10/14 progress report, the patient complains of bilateral shoulder pain. Her cervical spine has a limited range of motion. Examination of the bilateral shoulder is positive for impingement and cross body test. No further positive exam findings were provided. The patient is diagnosed with bilateral shoulder impingement syndrome. The utilization review determination being challenged is dated 11/24/14. There was one treatment report provided from 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

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) Chapter 7 page 137, Functional capacity evaluation

Decision rationale: The patient presents with bilateral shoulder pain. The request is for a final functional capacity evaluation (FCE). The report with the request was not provided. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM

Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations...The employer or claim administrator may request functional ability evaluations...These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." In this case, it is unknown if the request was from the employer or the treater. There are no discussions provided regarding the goals of a functional capacity evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation, and the treater does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested functional capacity evaluation is not medically necessary.