

Case Number:	CM14-0206192		
Date Assigned:	12/18/2014	Date of Injury:	07/17/2013
Decision Date:	02/10/2015	UR Denial Date:	11/18/2014
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 Preventive Medicine and is licensed to practice in Indiana. 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 44 year old male with an injury date of 07/17/13. Based on the 05/14/14 progress report, the patient complains of moderate low back pain with radiation to the calves bilaterally with numbness/tingling. The 08/13/14 report states that the patient has swelling in the left knee, moderate pain, and a restricted range of motion. According to the 09/10/14 report, the patient complains of neck pain and a "pop" sound with movement. Pain radiates to the bilateral shoulders. He has left knee pain, swelling and a throbbing pain. There is tenderness to palpation about the paracervical and trapezial musculature. His left shoulder has tenderness to palpation about the anterolateral shoulder and supraspinatus. His left elbow has tenderness at the lateral epicondyle. The 08/23/13 MRI of the left shoulder revealed the following: Mild infraspinatus tendinosis without evidence for a partial thickness tear. Mild acromioclavicular joint arthrosis Buford complex lahrum. MR arthrogram may be helpful for further evaluation of the labrum if clinically indicated. The patient's diagnoses include the following: Cervical myoligamentous sprain/strain with radicular complaints. MRI evidence of 3mm posterior disc osteophyte complex at C6-7. Left shoulder contusion Left shoulder rotator cuff tendinitis/bursitis with partial rotator cuff tear Left elbow lateral epicondylitis Left wrist sprain/strain Left knee strain/sprain The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 07/24/13-12/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the left shoulder and left elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 neck pain which radiates to the bilateral shoulders and left knee pain. The request is for a functional capacity evaluation for the left shoulder and left elbow to "assess his return to work environment." MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines, 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." Review of the one report provided does not indicate the patient's work status. In this case, it is unknown if the request was from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed 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.