

Case Number:	CM14-0207556		
Date Assigned:	12/19/2014	Date of Injury:	01/10/2013
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 47 year old female who was injured on 1/10/2013 while pushing a box. She was diagnosed with rotator cuff syndrome, bilateral shoulder sprain, carpal tunnel syndrome, muscle spasm, cervicalgia, brachial plexus lesions, acromioclavicular joint/ligament sprain of bilateral shoulders, tendonitis of right shoulder, adhesive capsulitis of the shoulder, and shoulder bursitis. She was treated with medications, surgery (right shoulder, 10/16/2013), and physical therapy. On 8/29/14, a functional capacity evaluation was performed. One of the progress notes submitted for review was from an initial orthopedic surgical consultation from 10/22/14, when the worker reported persistent right shoulder pain which travelled to her neck and right arm/hand, rated 4-5/10 on the pain scale. She reported taking pain medication, using heat and rest, and at the time still undergoing physical therapy twice weekly. She was then recommended to use a home exercise kit, have an MRI of the left shoulder, continue her supervised physical therapy, and have steroid injections for her shoulders. There was no documentation by the requesting neurological surgeon regarding this worker around the time of this request or months prior. There was no indication in the request submitted for review stating whether this was a retrospective request for the FCE completed on 8/29/14, or if it was for an additional FCE months later (10/31/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Fitness for Duty, Functional Capacity Evaluations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention Page(s): 12; 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation.

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, it was unclear from the request whether or not this request was retrospective for the FCE completed on 8/29/14. Regardless of the timing of the request, the evidence from the documents provided suggested that the worker had not quite reached her maximal improvement as she was suggested injections. Also, the requesting physician did not include any documentation to explain the job interest, its requirements, and any attempts at returning to work. Therefore, considering the above reasons, the FCE will be considered medically unnecessary.