

Case Number:	CM14-0210491		
Date Assigned:	12/23/2014	Date of Injury:	01/28/2013
Decision Date:	04/23/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old male, who sustained an industrial injury on 1/28/13. He reported low back and right leg pain. The injured worker was diagnosed as having right shoulder full-thickness tear rotator cuff with tendinosis and lumbar lytic spondylolisthesis with adjacent segment spondylosis. Treatment to date has included oral medications, physical therapy, activity restrictions. Currently, the injured worker complains of right shoulder and low back pain with occasional radiculopathic symptoms in lower extremities. The injured worker is currently taking Motrin. The physical exam noted decreased range of motion of lumbar spine and pain with extension along with tenderness and spasm in the paravertebral muscles on palpation. It is also noted in the past his symptoms improved with therapy. The treatment plan states he is at maximum functional capacity and does not require further intervention following a functional capacity evaluation on 10/24/14.

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 Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 1 pg 4-5, 12; Chp 2 pg 21-2; Chp 5 pg 77, 80-2, 85. Decision based on Non-MTUS Citation Hart DL, Isernhagen SJ, Matheson LN. Guidelines for Functional Capacity Evaluations of People with Medical Conditions. J Orthop Sports Phys Ther. 1993; 18: 682 - 686.

Decision rationale: Functional Capacity Evaluations are a set of tests, practices and observations that are combined to determine the ability of an individual to function in a given set of work-related duties. It gives a more precise delineation of a patient's capabilities than can be determined from a routine exam. Thus, it more closely reflects the true functional abilities of an individual as they relate to job demands. The most recent evaluation of this patient by the patient's orthopedist suggests he was at maximum improvements, was stable and should be able to do some work. However, the provider did not define his specific limitations only that the patient is at a functional capacity that does not require further intervention. His evaluation suggested some limitations may be needed. The patient's other provider (specializing in general medicine) returned the patient to duty with specific work restrictions. There does not appear to be any difference of opinion between these two providers as to the patient's disease process and the restrictions are reasonable for the patient's injuries and present symptomatology. Further assessment by a Functional Capacity Evaluation is not indicated as it will not direct further therapy nor change the patient's rehabilitation process. It would only be indicated if the patient's primary provider was unsure what work restrictions to give the patient, which does not appear to be the case. Medical necessity for this evaluation has not been established. The request is not medically necessary.