

Case Number:	CM14-0054549		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2014
Decision Date:	01/05/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 & Rehabilitation 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:

This is a 54 year old male with a 2/7/14 injury date. There is a single clinical note from 2/20/14 available for review that is handwritten and difficult to read. The patient complained of neck, hand, and left shoulder pain. Objective findings included cervical flexion to 40 degrees, extension to 10 degrees, left rotation to 60 degrees, and right rotation to 20 degrees. There was tenderness to palpation over the right thumb, positive Finkelstein's test, Jackson compression test, and cervical compression tests. The provider requested a functional capacity evaluation. Diagnostic impression: left shoulder impingement, cervicgia, right thumb tenosynovitis. Treatment to date: acupuncture, medications. A UR decision on 3/26/14 denied the request for functional capacity evaluation because there was limited evidence of the claimant's job requirements, reaching maximum medical improvement, and failure of attempts to return to work.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for Duty Chapter, Functional Capacity Evaluation (FCE), and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 pages 132-139.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (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, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, the documentation submitted for this review was very limited. There was no evidence of the claimant's job requirements, reaching maximum medical improvement, or failure of attempts to return to work. Therefore, the request for functional capacity evaluation is not medically necessary.