

Case Number:	CM15-0103642		
Date Assigned:	06/08/2015	Date of Injury:	01/07/2014
Decision Date:	07/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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 51 year old female patient who sustained an industrial injury on 01/07/2014. A primary treating evaluation dated 09/10/2014 reported the patient to remain off from work duty until 11/01/2014. This is the initial post-operative follow up visit showing the patient with complaint of having soreness from surgery with a burning sensation under the armpit. She underwent right arthroscopic surgery to the shoulder on 09/02/2014. She is to undergo a course of post-operative therapy. A recent primary treating office visit dated 05/06/2015 reported the patient with subjective complaint of right shoulder pain. She is doing slightly better with decreasing pain and stiffness of the right shoulder. There is tenderness about the right shoulder. She is approaching maximum medical improvement. The plan of care involved: the patient undergoing a functional capacity evaluation, and obtain a urine drug screen. Prior urine drug screen was performed 12/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138 ODG - Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

Urine toxicology screen, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine Drug Screens.

Decision rationale: MTUS Guidelines recommend urine drug screening when opioids are initiated, however the MTUS Guidelines do not provide information regarding reasonable necessity and frequency for repeat testing. ODG Guideline provided this additional information and for individuals without known risk for misuse only annual testing is recommended. There are no risk factors mentioned in the records reviewed. The repeat urine drug testing is not consistent with Guidelines and is not medically necessary.