

Case Number:	CM15-0019036		
Date Assigned:	02/06/2015	Date of Injury:	05/13/2011
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: Physical Medicine & Rehabilitation

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 58 year old female injured worker suffered and industrial injury on 5/13/2011. The diagnoses were impingement syndrome to the right shoulder with bursitis. The diagnostic studies were shoulder magnetic resonance imaging. The treatments were medications, right shoulder arthroscopy 10/23/2012, 6/17/2014 and physical therapy. The treating provider reported continuing aching pain in the neck and right shoulder radiating to the right arm and hand. On exam decreased impingement signs and increased tone in the cervical muscles. The Utilization Review Determination on 1/15/2015 non-certified functional capacity evaluation, citing MTUS, ACOEM.

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 ACOEM: Chapter 7 Independent Medical Examinations and Consultations, ACOEM Guidelines 2nd edition, pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 05/13/2011 and presents with aching pain in her neck and her right shoulder. The request is for a FUNCTIONAL CAPACITY EVALUATION to gauge any issues of permanent disability. The RFA is dated 12/26/2014, and the patient is to remain off work since she is still having pain with performance of light activities of daily living. 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 are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace. 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 that the patient's actual capacity to work. The requested functional capacity evaluation IS NOT medically necessary.