

Case Number:	CM15-0134134		
Date Assigned:	07/22/2015	Date of Injury:	03/14/2012
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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, Pain Management, 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 44-year-old male who sustained an industrial injury on 3/14/2012 resulting in neck and back pain; bilateral shoulder pain; bilateral knee pain; and, episodes of dizziness. He is diagnosed with L4-5 disc protrusion with facet arthropathy; facet syndrome; cervical disc protrusions; right knee medial meniscus tear; bilateral shoulder pain; right shoulder rotator cuff tear, symptomatic; and, history of vertigo. Documented treatment has included physical therapy, and medications with some temporary relief noted. The injured worker continues to report back and shoulder pain with worsening mobility of right shoulder. The treating physician's plan of care includes a functional capacity evaluation. Current work status is not provided in recent documentation.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FCE.

Decision rationale: ODG states that functional capacity evaluations are useful if the patient is close to MRI and secondary conditions have been clarified. The patient is scheduled for diagnostic facet blocks with the plan to proceed to neurotomies if the blocks are effective. Furthermore, the patient has a full thickness rotator cuff tear. If the low back interventions are effective and surgery to repair the rotator cuff is contemplated, an FCE at this time would not represent the patient's actual capacity if treatment is effective. This request for an FCE is not medically necessary since one conducted now would not be useful for vocational purposes if treatment is successful. The patient's condition should be maximally medically improved before a capacity evaluation is considered.