

Case Number:	CM15-0136494		
Date Assigned:	07/24/2015	Date of Injury:	11/13/2014
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 25 year old male, who sustained an industrial injury on November 13, 2014, incurring left shoulder injuries after heavy lifting. He was diagnosed with a left shoulder sprain, left shoulder impingement syndrome and rotator cuff syndrome. Treatment included anti-inflammatory drugs, pain medications, physical therapy, occupational therapy, topical analgesic cream, shoulder sling, home exercise program, steroid injections and work restrictions. Currently, the injured worker complained of constant sharp left shoulder pain radiating to the right elbow and fingers with numbness and tingling. There was decreased range of motion noted of the left upper extremity. The treatment plan that was requested for authorization included an initial functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Pages 137 and 138.

Decision rationale: Pursuant to the ACOEM, initial functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnosis is left shoulder pain. The date of injury is November 13, 2014. The request for authorization is June 26, 2015. There is no progress note documentation from the requesting provider. A QME (qualified medical examination) was performed May 26, 2015. There is no documentation, clinical indication or rationale for an initial functional capacity evaluation. There is no contemporaneous or not contemporaneous clinical documentation from requesting provider. Consequently, absent clinical documentation from the requesting provider and a clinical discussion, indication or rationale for an initial functional capacity evaluation, initial functional capacity evaluation is not medically necessary.