MAXIMUS Federal Services

Case Number:	CM15-0138393		
Date Assigned:	07/28/2015	Date of Injury:	11/13/2014
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34 year old female with an industrial injury dated 11/13/2014. The injury is documented as occurring when she was reaching up to loosen an oil filter feeling a pull in her shoulders. Her diagnoses included sprain/strain of bilateral shoulders and lumbosacral sprain. Prior treatment included medications, diagnostics and physical therapy. She presents on 05/21/2015 with complaints of chronic pain in her right shoulder. She also noted depression and would like to be seen by a psychologist. Physical exam noted discomfort on elevation of right upper extremity against gravity at approximately 95 degrees. Speed and impingement test were positive. The treatment plan is for psychological consultation and functional capacity evaluation. The treatment is for functional capacity evaluation and psychological evaluation.

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 2004 OMPG, Independent, Medical Examinations and Consultations Ch 7, page 137-138; Official Disability Guidelines (ODG), Fitness for Duty Chapter: (Online Version); Pain Chapter (Online Verison).

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-Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex case management issues and the patient is working modified duties. The documentation indicates that the patient would not like further right shoulder aggressive treatment. The patient's physician states that an FCE will assist in determining the patient's proximity to MMI, however the guidelines recommend a possible FCE close to or at the time of MMI. The documentation is furthermore not clear how an FCE will alter this patient's treatment plan therefore this request is not medically necessary.

Psychological evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Psychological evaluation is medically necessary per the MTUS Guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The MTUS states that depending on the issue involved, it often is helpful to “position” a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. The documentation indicates that the patient has developed depression and is requesting to see a pyschologist. The request for an evaluation does not guarantee treatment is necessary and this a reasonable given the patient and physician's concerns.