

Case Number:	CM15-0138959		
Date Assigned:	07/29/2015	Date of Injury:	07/25/2014
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59 year old male, who sustained an industrial injury on 7/25/14. He has reported initial complaints of a low back and right shoulder injury after lifting heavy boxes. The diagnoses have included back pain and right rotator cuff capsule strain and sprain. Treatment to date has included medications, activity modifications, physical therapy, diagnostics and other modalities. Currently, as per the physician progress note dated 9/2/14, the injured worker complains of back pain which does not radiate and right shoulder pain with motion of the shoulder. The diagnostic testing that was performed included x-rays of the lumbar spine and right shoulder. The current medications included Acetaminophen, Cyclobenzaprine, Etodolac and polar frost gel. The physical exam reveals that the pain is rated 8 out of 10 on pain scale. There is tenderness and muscle spasm of the right trapezius muscle. The remainder of the physical exam is unremarkable. The physician notes that the injured worker is seventy percent better but continues with pain in the right shoulder. Work status is modified with restrictions. The physician requested treatment included Functional capacity 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 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Criteria for performing an FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, "It may be necessary to obtain a more precise delineation 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 medical records outline what activities the worker is limited to. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program." "An FCE is time-consuming and cannot be recommended as a routine evaluation." "Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job." Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. In this case, the worker is still undergoing therapy. The medical records outline what activities the worker is limited to. The request fails to meet the guidelines recommended above. As such, the request for Functional capacity evaluation is not medically necessary.