

Case Number:	CM15-0140112		
Date Assigned:	07/29/2015	Date of Injury:	03/05/2014
Decision Date:	08/26/2015	UR Denial Date:	06/29/2015
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: 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 injured worker is a 27-year-old male, who sustained an industrial injury on 3-05-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include elbow sprain and shoulder sprain. Treatments to date include medication therapy, acupuncture treatments, shockwave treatments, and cortisone injections. Currently, he complained of pain in bilateral shoulder and the right elbow. On 5-22-2015, the physical examination documented tenderness and decreased range of motion in bilateral shoulders. There was a positive impingement sign of the right shoulder. The right elbow was noted to be tender with a positive Tennis elbow test noted. The treating diagnoses include right shoulder impingement syndrome, anterior labrum tear of the right shoulder and possible tear of the supraspinatus and infraspinatus tendon, left shoulder tendinosis, and right elbow lateral epicondylitis. The plan of care included obtaining authorization for a 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th edition, 2013 Updates, Fitness for Duty Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any functional status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCE's ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.