

<b>Case Number:</b>	CM15-0166322		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/31/2015
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of March 31, 2015. In a Utilization Review report dated July 17, 2015, the claims administrator approved a request for acupuncture, denied a medication consultation, and denied a functional capacity evaluation. The claims administrator invoked the now-outdated 2007 Acupuncture Medical Treatment Guidelines and the non-MTUS Chapter 7 ACOEM Guidelines in its determination, the former of which were mislabeled as originating from the MTUS. The claims administrator suggested that the requesting provider was a chiropractor (DC). The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, seemingly suggested that the July 1, 2015 chiropractic note which the claims administrator based its decision upon was not seemingly incorporated into the Independent Medical Review packet. A June 11, 2015 progress note, however, suggested that the claimant was working despite ongoing shoulder pain complaints with a 15-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for a medication consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider was a chiropractor (DC) and was likely ill-equipped and/or not licensed to prescribe medications. Obtaining the added expertise of a practitioner better-equipped to address issues with medication management and/or prescription analgesics was, thus, indicated. Therefore, the request for a medication consultation was medically necessary.

**Functional Capacity Evaluation for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** Conversely, the request for a functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was already working with restrictions in place, it was suggested on June 10, 2015. While it is acknowledged that the July 1, 2015 progress note in which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file in the form of the June 11, 2015 progress note suggested that the claimant had already returned to work, seemingly obviating the need for the proposed functional capacity evaluation. It was not clearly established why a formal quantification of the claimant's ability and capability via the functional capacity evaluation (FCE) at issue was needed in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.