

Case Number:	CM15-0190625		
Date Assigned:	10/02/2015	Date of Injury:	02/03/2013
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Emergency 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 56 year old female, who sustained an industrial injury on 2-3-13. The injured worker has complaints of left shoulder pain. The diagnoses have included shoulder joint pain; status postsurgical tendinitis shoulder and shoulder impingement syndrome. Treatment to date has included status post arthroscopic surgery; transcutaneous electrical nerve stimulation unit; home exercise program; physical therapy and medication. The original utilization review (8-31-15) non-certified the request for 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 ACOEM Occupational Medicine Practice Guidelines, 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, Cornerstones of Disability Prevention and Management.

Decision rationale: As per ACOEM guidelines, determining limitations of work is not really a medical issue and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The provider has already placed restrictions on patient's work. The request for FCE is not medically necessary.