

Case Number:	CM15-0199399		
Date Assigned:	10/14/2015	Date of Injury:	10/30/2014
Decision Date:	12/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 a work related injury on 10-30-14. A review of the medical records shows he is being treated for neck and right shoulder pain. Treatments have included right shoulder surgery 7-9-15, physical therapy, massage, and medications. Current medications include Tramadol, Doxycycline and Hydroxyzine. In the Primary Treating Physician's Initial Evaluation and Report dated 8-19-15, the injured worker reports intermittent, severe neck pain. He describes the pain as achy, stabbing, and sharp. The pain radiates to his right arm. He rates this pain an 8 out of 10. He reports constant, moderate right shoulder pain. He describes the pain as dull, throbbing, and burning with heaviness and weakness. He has pain that radiates to his right arm. He rates this pain a 5 out 10. On physical exam dated 8-19-15, he has full range of motion in neck. He has decreased range of motion in right shoulder. He has tenderness to palpation of the anterior shoulder. He is not working. The treatment plan includes requests for a functional capacity evaluation, for a TENS unit, for a hot-cold unit, for an x-ray of the cervical spine, for physical therapy and acupuncture, for Tramadol and transdermal creams. In the Utilization Review dated 8-19-15, the requested treatment of a functional capacity evaluation is not medically necessary.

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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: CA MTUS states that functional capacity evaluations (FCE) are useful in establishing physical abilities and may facilitate return to work. FCEs do not predict an individual's actual capacity to perform in the workplace. An FCE is considered if there is prior unsuccessful return to work attempts and the patient is close to maximal medical improvement. In this case, the criteria for an FCE have not been met. Therefore the request is not medically necessary or appropriate.