

Case Number:	CM15-0201048		
Date Assigned:	10/16/2015	Date of Injury:	06/09/2014
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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, California
 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:

This is a 61 year old female patient with a date of injury on 6-9-14. The diagnoses include cervical sprain, right shoulder sprain, right shoulder impingement syndrome, right shoulder rotator cuff tear, bursitis and tendinitis. Per the progress report dated 8-27-15, she had complaints of neck and right shoulder pain rated 9 out of 10 which has increased from 8 out of 10 since the last visit. Objective findings revealed cervical spine- tender to palpation, range of motion restricted, cervical compression test positive and trigger points present; Right shoulder- tender to palpation with restricted range of motion, impingement and supraspinatus tests positive. The medications list includes mobic. She has had right shoulder MRI dated 11/14/2014 which revealed impingement syndrome, rotator cuff tear, tendinitis and bursitis. The patient reported chiropractic treatment helps to decrease pain and tenderness and improve her function and activities. It is stated that she is reaching maximum medical improvement from conservative care due to denied right shoulder surgery. The patient has returned to modified work on 8/27/2015. The following request was made to ensure that she can safely meet physical demands of her job. Request for authorization dated 8-27-15 was made for Final physical performance functional capacity evaluation. Utilization review dated 10/1/15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final physical performance functional capacity evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127 and 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty(updated 09/09/15) Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter: 7 Independent Medical Examinations and Consultations, Referral Issues and the Independent Medical Examination (IME) Process Page-137-138.

Decision rationale: Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace;" "it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above, if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. 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. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. "The worker has returned to work and an ergonomic assessment has not been arranged." Per the records provided the patient is reaching maximum medical improvement from conservative care due to denied right shoulder surgery. The patient has returned to modified work on 8/27/2015. A FCE is recommended in the patient reaching MMI to determine his work capacity and anticipated restrictions. The request of Final physical performance functional capacity evaluation is medically necessary and appropriate for this patient at this juncture.