

Case Number:	CM15-0201569		
Date Assigned:	10/16/2015	Date of Injury:	08/06/2013
Decision Date:	11/25/2015	UR Denial Date:	10/06/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This is a 65 year old female who sustained a work-related injury on 8-6-13. Medical record documentation on 9-16-15 revealed the injured worker was being treated for rule out cervical spine involvement; status post left shoulder surgery on 6-2-14 with residual tendinosis; and interstitial tear and left shoulder adhesive capsulitis. She reported pain in her neck and left shoulder. She rated her neck and left shoulder pain an 8 on a 10-point scale which had increased from a 6 on a 10-point scale at her previous visit. Objective findings included grade 2 tenderness to palpation over the cervical paraspinal muscles and grad 2 palpable spas on the previous visit. She had grade 2 tenderness to palpation on the previous visit. Treatment has included physical therapy for the cervical spine and left shoulder, topical creams and left shoulder injection. Her 8-3-15 physical therapy noted that she had not returned to work since 8-6-13. She had left shoulder range of motion with flexion to 106 degrees, extension to 39 degrees, abduction to 95 degrees, internal rotation to 70 degrees and external rotation to 90 degrees. She reported improvement in her left shoulder pain, motion and strength. A request for physical performance functional capacity evaluation was received on 10-1-15. On 10-6-15, the Utilization Review physician determined physical performance functional capacity evaluation was 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 ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 137-138; Official Disability Guidelines, Fitness for Duty Chapter, Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that 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. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The documentation does not indicate that the injured worker is actively participating in determining the suitability of a job. There are no documents revealing complex work issues or prior return to work attempts. It is not clear why the patient's capabilities cannot be determined from a routine history and physical. The request for a functional capacity evaluation is not medically necessary.