

Case Number:	CM15-0202407		
Date Assigned:	10/19/2015	Date of Injury:	06/08/2011
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 injured worker is a 55 year old male, who sustained an industrial injury on 06-08-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic pain syndrome, rotator cuff syndrome with shoulder pain and other shoulder disorders, and epicondylitis of the elbow. Medical records (05-29-2015 to 09-03-2015) indicate ongoing left shoulder pain. Pain levels were rated 4-6 out of 10 in severity on a visual analog scale (VAS). Records also indicate improving activity levels and level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam (per the functional restoration program PR), dated 08-21-2015, revealed improved range of in both shoulders, improved muscle strength in the left supraspinatus, improved psychological insight, and improved ability to participate in mid and body exercises. Relevant treatments have included: left shoulder surgery, physical therapy (PT), acupuncture, 5 weeks of a functional restoration program (by 08-21-2015), work restrictions, and pain medications. The request for authorization was not available for review; however, the utilization review letter states that the following service was requested were requested on 09-18-2015: functional capacity evaluation. The original utilization review (09-24-2015) non-certified the request for a 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 x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty, Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.