

Case Number:	CM15-0046326		
Date Assigned:	03/18/2015	Date of Injury:	11/16/2012
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 49 year old female, who sustained an industrial injury on November 16, 2012. She reported started with neck and bilateral shoulder region pain with repetitive lifting and activities as a certified nursing assistant. The injured worker was diagnosed as having right shoulder rotator cuff tendinitis, bilateral shoulder adhesive capsulitis, cervical degenerative disc disease, possibility of cervical radiculopathy, and myofascial pain. Treatment to date has included cervical spine MRI, physical therapy, and medication. Currently, the injured worker complains of persistent neck and bilateral shoulder region pain, radiating to the bilateral upper extremities, worse on the left side, associated with tingling and numbness in the left arm and forearm, difficulty sleeping secondary to pain, right fascial pain and numbness in the right jaw, and low back pain. The Primary Treating Physician's report dated January 20, 2015, noted a cervical spine MRI dated December 13, 2013, showed moderate to moderately severe right neural foraminal encroachment, greatest at C5-C6 and to a lesser degree at C6-C7 level, with possible right side T2-T3 foraminal encroachment. Spasms were noted in the cervical paraspinal muscles and bilateral shoulder region musculature, with tenderness in the thoracic facet joints worse on the right side, and tenderness noted at the left medial epicondyle region. Dysesthesia was noted to light touch in the left C7 and C8 dermatome. The Physician requested authorization for a functional capacity evaluation to determine the physical limitations associated with the injured worker's injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 137-8.

Decision rationale: Pursuant to the ACOEM practice guidelines, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are right shoulder rotator cuff tendinitis; bilateral shoulder adhesive capsulitis; cervical degenerative disc disease; possible cervical radiculopathy; and myofascial pain. The documentation in the medical record shows the injured worker was already determined to be permanent and stationary according to an agreed upon medical examination (AME) dated October 6, 2013. The treating provider is requesting a functional capacity evaluation to determine the physical limitations of the injured worker. This information is already outlined in the AME noted above. Functional capacity evaluations are recommended to translate medical impairment in functional limitations and determine work capability. With each subsequent progress note the return to work date is pushed forward. There is no documentation in the medical record of job duties/responsibilities. There is no documentation of medical record other than determining physical limitations. There is no documentation as to how these physical limitations relate to returning to work. Consequently, absent clinical documentation with established permanent and stationary status pursuant to an AME dated October 6, 2013 with no new changes in status or discussion of work-related capabilities, functional capacity evaluation is not medically necessary.