

Case Number:	CM15-0048972		
Date Assigned:	03/20/2015	Date of Injury:	02/04/2011
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: Emergency 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 48 year old man sustained an industrial injury on 2/4/2011. The mechanism of injury is not detailed. Diagnoses include right shoulder internal derangement, right rotator cuff syndrome, right frozen shoulder/adhesive capsulitis, right shoulder recurrent dislocation, left knee end stage osteoarthritis and degenerative joint disease, bilateral medial and lateral meniscal tear, and insomnia. Treatment has included oral medications, home exercise program, multiple surgical interventions, cortisone injection, and physical therapy. The most recent documentation submitted, physician notes dated 7/8/2014, show right shoulder stiffness, left knee locking and giving out, and bilateral knee pain. Recommendations include MR arthrogram of the left knee, possible further surgical intervention, right shoulder manipulation under anesthesia, right shoulder surgical intervention, Tramadol ER, EnovaRX-Ibuprofen ointment, Prilosec, Lidoderm, TGHOT, FlurFlex, and follow up in six weeks.

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, page 137-138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Improvement Measures Page(s): 48.

Decision rationale: The requested Functional capacity evaluation is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, Functional Improvement Measures, Page 48 note: "There is little scientific evidence confirming FCE's predict an individual's actual capacity to perform in the workplace." The treating physician has documented right shoulder stiffness, left knee locking and giving out, and bilateral knee pain. There is no documentation that the patient is at Maximum Medical Improvement. There is no currently available documentation to establish the medical necessity for this diagnostic exam as an outlier to the above-referenced guideline negative recommendation. The criteria noted above not having been met, the Functional capacity evaluation is not medically necessary.