

Case Number:	CM15-0051067		
Date Assigned:	03/24/2015	Date of Injury:	08/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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, Illinois

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 51-year-old female, who sustained an industrial injury on August 19, 2014. She reported a right shoulder injury. The injured worker was diagnosed as having neck pain, cervicalgia, and right shoulder sprain/strain. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation, home exercise program. On January 21, 2015, she is seen for continued neck and shoulder pain with radiation into the right upper extremity. She reports home exercises and transcutaneous electrical nerve stimulation to be helpful. The treatment plan included: request for a right shoulder cortisone injection; medications: Tylenol, Naproxen, Gabapentin; continue home exercises and use of transcutaneous electrical nerve stimulation. The request is for a quantitative functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on August 19, 2014 . The medical records provided indicate the diagnosis of neck pain, cervicgia, and right shoulder sprain/strain. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation, home exercise program. The medical records provided for review do not indicate a medical necessity for Quantitative Functional Capacity Evaluation. The records indicate the injured worker is still awaiting further diagnostic studies. The fact that the injured worker is still being evaluated by diagnostic studies means there is uncertainty regarding the definitive diagnosis and the necessary treatment. This therefore means the injured worker has not reached maximal medical improvement (the stage at which additional treatment will not alter the course of the problem. The MTUS is detailed about Functional Capacity Evaluation; however, it is detailed in the Official Disability Guidelines, though there was no mention of Quantitative Functional Capacity Evaluation. The Official Disability Guidelines recommends Functional Capacity Evaluation for an individual whose case management is challenging and associated with problems with return to work, or in whom there are conflicting medical reporting on precautions and/or fitness for modified job. This guidelines recommends that it be scheduled as close to the maximal medical improvement as possible. It also recommends against doing FCE for the sole purpose of determining a worker's effort or compliance. Additionally, it recommends a job specific FCE. The requested evaluation is not medically necessary and appropriate since the injured worker has not reached maximal medical improvement.