

Case Number:	CM15-0060453		
Date Assigned:	04/06/2015	Date of Injury:	04/27/2010
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

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

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 58-year-old male, who sustained a work/ industrial injury on 4/27/10. He has reported initial symptoms of neck, back and right shoulder pain. The injured worker was diagnosed as having cervical degenerative disc disease (DDD), cervical spondylosis, status post cervical fusion, status post right shoulder surgery, persistent symptomatic superior labral slap tear, right shoulder and subacromial bursitis, right shoulder. Treatments to date included medications, surgery, Transcutaneous Electrical Nerve Stimulation (TENS) and Home Exercise Program (HEP). Currently, the injured worker complains of neck pain rated 5/8/10 on pain scale and right shoulder pain rated 8-10/10. The treating physician's report (PR-2) from 1/27/15 indicated that the right shoulder pain was severe and the neck continues to pop and crack. The shoulder continues to swell at times. The surgery to the right shoulder was pending. He states that the medications help him to continue with activities of daily living (ADL's) and increased function. The pain level without medications was 9-10/10n and with medications was 5/10. Physical exam of the cervical spine revealed spasm, decreased range of motion, tenderness and residual tingling. Exam of the shoulder revealed painful range of motion on the right, tenderness and positive trigger points. Recommendations were approval of shoulder surgery, continue medications Tylenol and Celebrex, Home Exercise Program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS), and return in six weeks. The physician requested treatment plan included 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 (99215 97750 97799): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM: Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter7, p63-64.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for neck and right shoulder pain. When seen on 01/27/15 he had done well after a cervical spine fusion. He had ongoing severe shoulder pain with swelling with physical examination findings including decreased and painful range of motion. The assessment references planned shoulder surgery. A functional capacity evaluation is an option for select patients with chronic pain. However, in this case, surgical management is being planned. He is therefore not considered at maximum medical improvement and requesting a functional capacity evaluation at this time is not medically necessary.