

Case Number:	CM15-0080953		
Date Assigned:	05/01/2015	Date of Injury:	12/04/2013
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Tennessee

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:

The injured worker is a 32-year-old male with an industrial injury dated 12/04/2013. The injured worker's diagnoses include right shoulder sprain/strain, status post right hand injury and status post right hand surgery. Treatment consisted of diagnostic studies, prescribed medications, home exercise therapy, transcutaneous electrical nerve stimulation (TENS), heat therapy and periodic follow up visits. In a progress note dated 3/15/2015, the injured worker reported improved right shoulder pain rated a 7.5/10 and right hand pain with associated itching and pinching rated a 6-7/10. Objective findings revealed tenderness to palpitation in the right shoulder. The treating physician prescribed services for functional capacity evaluation now under review.

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 American college of occupational and environmental medicine, 2nd edition, Chapter 7, Independent medical examinations and consultations (pp 132-139), Official Disability Guidelines (ODG), Fitness for duty - Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty: Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive FCEs can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines for performing an FCE: If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: complex issues such as hamper 1. Case management: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured; Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance; The worker has returned to work and an ergonomic assessment has not been arranged. In this case, there is no documentation that the patient has failed attempts at return to work or that he is close to maximal medical improvement. Functional capacity evaluation is not indicated. The request should not be medically necessary.