

Case Number:	CM15-0082018		
Date Assigned:	05/04/2015	Date of Injury:	04/26/2013
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: Physical Medicine & Rehabilitation

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 42-year-old male, who sustained an industrial/work injury on 4/26/13. He reported initial complaints of neck, shoulders, and back pain. The injured worker was diagnosed as having cervical sprain, low back sprain, rule out cervical and lumbar radiculopathy, and impingement of the shoulders, bilaterally. Treatment to date has included medication, diagnostics, extracorporeal shockwave therapeutic procedure (ESWT), physical therapy, and acupuncture. MRI results were reported on 8/23/13, 10/2/13, 4/10/15, 4/11/15. Currently, the injured worker complains of continued pain in neck, shoulders, and low back. Per the primary physician's progress report (PR-2) on 4/3/15, examination revealed limited range of motion due to pain and spasm, positive impingement test, bilaterally, antalgic gait, and tenderness to the lumbar paraspinals. The requested treatments include Functional capacity evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The Functional capacity evaluations are not medically necessary and appropriate.