

Case Number:	CM15-0085267		
Date Assigned:	05/07/2015	Date of Injury:	08/14/2013
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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 female, who sustained an industrial injury on 8/14/2013. The current diagnoses are sacroiliitis, cervical sprain/strain, hip tendonitis/bursitis, lumbosacral radiculopathy, and shoulder impingement. According to the progress report dated 3/23/2015, the injured worker complains of chronic pain at multiple points of her body including right shoulder, right hip, and cervical/lumbar spine. The pain was not rated. The physical examination reveals tenderness with spasm in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. There is pain noted on elevated of right upper extremity against gravity at approximately 95 degrees. There is painful range of motion of the right hip noted. The current medication list was not available for review. Treatment to date has included medication management, MRI studies, acupuncture, and sacroiliac joint injection. The plan of care includes 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 evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition,

Chapter 7, Independent Medical Examinations and Consultations, pg. 137-138: and Official Disability Guidelines (ODG), Fitness for Duty Chapter, functional capacity evaluation (FCE).

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 treatment plan. 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 Evaluation is not medically necessary and appropriate.