

Case Number:	CM15-0085825		
Date Assigned:	05/07/2015	Date of Injury:	10/08/2012
Decision Date:	06/09/2015	UR Denial Date:	04/07/2015
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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on October 8, 2012. The injured worker was diagnosed as having rotator cuff strain/sprain, degeneration intervertebral disc, cervical stenosis and chondromalacia. Treatment and diagnostic studies to date have included rotator cuff repair, knee arthroscopy and medication. A progress note dated March 13, 2015 provides the injured worker complains of right knee pain rated 7/10, right shoulder pain rated 9/10 and neck pain rated 6/10. Her neck pain radiates to the right shoulder with numbness and tingling. Physical exam notes cervical decreased range of motion (ROM), right shoulder is positive for Hawkin's and Neer's. The right knee range of motion (ROM) is decreased. The plan includes medication, follow-up and 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81.

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation may be necessary to "obtain a more precise delineation of patient capabilities than is available from routine physical examination." As per ODG guidelines, a functional capacity evaluation is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." And it is not recommended for "routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. There is no rationale for ordering this exam. Therefore, the request is not medically necessary.