

Case Number:	CM13-0048398		
Date Assigned:	12/27/2013	Date of Injury:	03/14/2013
Decision Date:	06/16/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and bilateral shoulder pain reportedly associated with an industrial injury of March 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 21, 2013, the claims administrator denied a request for a functional capacity evaluation. In an appeal letter dated October 24, 2013, the attending provider wrote that the applicant was off of work on total temporary disability as his employer was unable to accommodate his limitations. The attending provider stated that a functional capacity evaluation was being requested in order to reduce the applicant's work restrictions and/or facilitate the applicant's return to the workplace. A later note dated November 4, 2013, however, stated that the applicant's shoulder pain was improving and that his shoulder range of motion was functional. It was stated that the applicant should return to regular duty work at that point in time.

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 ACOEM, 2nd Edition, Chapter 7 Independent medical Examinations and Consultations (pages 132-139).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the ACOEM Guidelines does state that a functional capacity evaluation could be considered when necessary to translate medical impairment into functional limitation and to determine work capability, in this case, however, the applicant has seemingly been returned to regular work in November 2013, effectively obviating the need for the proposed functional capacity evaluation. It appears that the applicant's shoulder pain responded spontaneously to conservative treatment in the form of time and observation. Since the applicant has been subsequently returned to regular work, there is little need for the proposed functional capacity evaluation. Therefore, the request is not medically necessary and appropriate.