

Case Number:	CM14-0110676		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2012
Decision Date:	10/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 patient is a 50-year-old male who has submitted a claim for shoulder sprain associated with an industrial injury date of June 1, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right sided upper back, neck and shoulder pain. Examination revealed right shoulder tenderness, decreased ROM and absence of swelling. Treatment to date has included medications such as gabapentin, ibuprofen and Norco and analgesic creams. Utilization review from June 27, 2014 denied the request for Initial functional capacity evaluation because there had been no documented 1) remarkable motion impairment, 2) prior unsuccessful attempts to return to work, 3) conflicting opinions regarding work restrictions or fitness for duty, 4) other injuries that complicate the evaluation of functional abilities, 5) note that the patient was close to MMI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137. Decision based on Non-MTUS Citation Official Disability Guidelines, fitness for duty: functional capacity evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Functional

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the records provided did not mention if there was any prior unsuccessful return to work attempts. It was also not indicated that the patient is close to maximum medical improvement. The criteria for FCE consideration was not met. Therefore the request for INITIAL FUNCTIONAL CAPACITY EVALUATION is not medically necessary.