

Case Number:	CM14-0122088		
Date Assigned:	08/06/2014	Date of Injury:	02/07/2014
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 40 year old male with an injury date on 02/07/2014. Based on the 06/17/2014 progress report provided by [REDACTED], the patient complains of right shoulder pain and left index finger pain. The patient describes the pain as constant moderate to severe pain and worse by movement. The progress reports provided do not discuss any positive exam findings. The patient's diagnoses include the following: 1. Partial tear of rotator cuff tendon of the right shoulder 2. Metacarpal phalangeal sprain/strain of the left index finger 3. Sleep disorder [REDACTED] is requesting for a Functional Capacity Examination. The utilization review determination being challenged is dated 06/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/13/2014 to 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Functional Capacity Examination

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines has the following regarding functional capacity evaluations: Chapter:7,(p137,139)

Decision rationale: According to the 06/17/2014 report by [REDACTED], this patient presents with right shoulder pain and left index finger pain. The treating physician is requesting for a Functional Capacity Examination. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Report 4/11/14 by [REDACTED], workstatus restrictions to no overhead work, limited lift, push and pull up to 25lbs. Based upon review of the report 06/17/2014, the patient reports difficulties of basic ADL's such as lift heavy items, carry groceries, driving, grasp items, dress oneself, shower or bathe, sexual relations, and sleep. Furthermore, patient was told to take a couple days off by the employer on 5/15/14, and was apparently let go on 05/21/2014. In this case, there is no discussion provided as to why the treating physician is requesting for a FCE. Per ACOEM, there is lack of evidence that FCE's predict a patient's actual capacity. The treating physician's evaluation and estimation should be adequate. FCE's are allowed when asked by the employer, claims administrator or if the information from FCE was crucial. The request is not medically necessary and appropriate.