

Case Number:	CM14-0124897		
Date Assigned:	09/25/2014	Date of Injury:	04/30/2000
Decision Date:	10/27/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/07/2014

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, 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 injured worker is a 49-year-old male with a date of injury of 04/30/2000. The listed diagnoses per [REDACTED] are: 1. Anxiety state. 2. Depressive disorder. 3. Shoulder pain. 4. Displacement of lumbar intervertebral disk without myelopathy. 5. Neck pain. 6. Chronic pain syndrome. According to progress report 06/17/2014, the injured worker presents with cervical and right shoulder pain that radiates down the right upper extremity with numbness and tingling. Examination of the cervical spine revealed decreased range of motion. Soft tissue palpation on the right noted tenderness of the paracervicals, the scalene muscle, and trapezius. Cervical strength was noted as 3+/5. Examination of the shoulders revealed decreased range of motion and strength in the right shoulder. There was tenderness of the supraspinatus, infraspinatus, Teres minor, and deltoid. Injured worker's medication regimen includes Abilify 2 mg, Ambien 10 mg, Clonazepam 1 mg, gabapentin 800 mg, Lexapro 10 mg, Nabumetone 750 mg, Omeprazole 20 mg, Pristiq, and Tramadol 50 mg. The treating physician is requesting a functional capacity evaluation. Utilization review denied the request on 07/28/2014.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 24.

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 Functional Capacity Evaluations: Chapter:7 (p137,139).

Decision rationale: This injured worker presents with neck and shoulder pain that radiates into the upper extremity. The treating physician is recommending a functional capacity evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it, or if the information from FCE is crucial. The request for Functional Capacity Evaluation is not medically necessary.