

Case Number:	CM14-0142054		
Date Assigned:	10/14/2014	Date of Injury:	10/29/2012
Decision Date:	11/28/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49 years old female who was injured on 10/19/2012. She was diagnosed with cervical radicular strain/pain, left shoulder pain/frozen shoulder/tendinitis, thoracic strain, and lumbar strain. She was treated with surgery (shoulder arthroscopy, subacromial decompression, biceps tenodesis), various medications, injections, spinal cord stimulator, physical therapy, and TENS. On 7/2/14, the worker was seen by her primary treating physician for a follow-up reporting doing overall well after her left shoulder surgery (about 2 months prior), however, she continued to experience limitation in the strength and range of motion of her left shoulder. She also reported increasing neck pain since the surgery. Physical examination revealed normal neurological examination, tenderness over paracervical muscles, tenderness over scar on left shoulder, slightly reduced strength with left shoulder abduction and internal rotation, and reduced range of motion with left shoulder abduction and forward flexion. She was recommended to see a pain specialist, additional physical therapy, Diclofenac XR, omeprazole, Tramadol, and a functional capacity assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21.

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, it appears that the intention of the primary treating provider to continue physical therapy, which would imply the worker may not have reached their maximal medical improvement yet. Also, she could do a trial at work to determine her ability to perform her duties without an FCE. Therefore, the functional capacity assessment is not medically necessary.