

Case Number:	CM14-0146528		
Date Assigned:	09/12/2014	Date of Injury:	05/27/2011
Decision Date:	10/24/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Management 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:

This is a patient of the date of injury of May 27, 2011. A utilization review determination dated September 9, 2014 recommends noncertification for a qualified functional capacity evaluation. A progress report dated January 31, 2014 identifies subjective complaints of severe pain in the right shoulder, moderate pain in the lumbar spine, and insomnia. The physical examination findings identify tenderness and spasm in the lumbar paraspinal muscles with positive straight leg raise and decreased patellar reflexes. Diagnoses include complete rotator cuff tear, lumbar disc displacement, lesion of the sciatic nerve, rotator cuff syndrome, adhesive capsulitis of the right shoulder, and insomnia. The treatment plan recommends a functional capacity evaluation prior to starting a work hardening program. Note indicates that the patient has undergone 35 postoperative physical medicine sessions for the right shoulder and has reached a plateau in his recovery. Therefore, 10 post operative work hardening sessions are recommended. The goals of the sessions are to increase the patient's work capacity, activities of daily living, begin work restrictions, decreased the need for medication, decrease pain, decrease swelling, and increase active range of motion. The note indicates that in order for a patient to be admitted into a work hardening program that the patient should have "a condition which limits their ability to safely achieve current job demands which are in the medium or higher demand level." "A physical demands analysis for the proposed job should also be included." A functional capacity evaluation performed does not identify any specific job for which the patient is being evaluated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd edition, Chapter 7 Independent Medical Examinations and Consultations, pages 132-139 and the Official Disability Guidelines (ODG) Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12, Chronic Pain Treatment Guidelines Page(s): 125-6 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, the functional capacity evaluation is being requested for consideration of work hardening. However, there is no documentation describing that the patient has a job in the medium to high demand level. Additionally, no physical demands analysis is provided in relation to the job. As such, the currently requested functional capacity evaluation is not medically necessary.