

Case Number:	CM14-0157847		
Date Assigned:	10/01/2014	Date of Injury:	08/11/2013
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/29/2014

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 is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 08/11/2013. The injured worker was reportedly struck in the right shoulder by a plastic object. The current diagnosis is partial tear of the rotator cuff tendon of the right shoulder. The injured worker was evaluated on 03/19/2014. Previous conservative treatment is noted to include a cortisone injection and anti-inflammatory medication. The injured worker presented with complaints of constant severe pain in the right shoulder. Physical examination revealed 4+ spasm and tenderness in the right rotator cuff muscles, limited and painful range of motion of the right shoulder, positive Codman's testing, positive Speed's testing, and positive supraspinatus testing. Treatment recommendations at that time included physical therapy, continuation of the current medication regimen, an MRI of the right shoulder, and a multi interferential stimulator. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: 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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp132-139)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.ODG) Fitness for Duty Chapter, Functional Capacity Examination.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including Functional Capacity Examination, when "reassessing function and functional recovery." The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management is hampered by complex issues and the timing is appropriate. The injured worker is currently pending a course of physical therapy and an MRI of the right shoulder. There is no documentation of a previous unsuccessful return to work attempt. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. The medical necessity has not been established; therefore, the request for a Qualified Functional Capacity Evaluation is not medically necessary.