

Case Number:	CM14-0165388		
Date Assigned:	10/13/2014	Date of Injury:	08/15/2010
Decision Date:	11/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 patient is a 65 years old male with an injury date on 08/15/2010. Based on the 08/28/2014 hand written Doctor's first report provided by [REDACTED], the diagnoses are: 1. Cervical discogenic pain, 2. Lumbar discogenic pain, 3. Left shoulder impingement syndrome, 4. Myospasm. According to this report, the patient complains of 7/10 neck pain, 5/10 left shoulder pain, and 8/10 low back pain. Cervical range of motion is restricted due to pain. Cervical compression test, Spurling's test, distraction test, and impingements test are positive. Tenderness is noted at the cervical posteriorly with muscle spasm, lumbar muscles and left shoulder area. There were no other significant findings noted on this report. The utilization review denied the request on 09/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/25/2014 to 09/18/2014.

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 Chronic Pain Treatment Guidelines Shoulder and neck/upper back.

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) Chapter 7, p137-139; functional capacity evaluation

Decision rationale: According to the 08/28/2014 report by [REDACTED] this patient presents with 7/10 neck pain, 5/10 left shoulder pain, and 8/10 low back pain. The treater is requesting decision for functional capacity evaluation. " Regarding Functional Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treater does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.