

Case Number:	CM14-0186299		
Date Assigned:	11/14/2014	Date of Injury:	11/11/2010
Decision Date:	12/31/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/08/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 11/11/2010 due to an unspecified mechanism of injury. On 09/08/2014, the injured worker presented for a follow-up evaluation. The physical examination was noted to be unchanged from the previous visit. Past treatments included physical therapy. Documentation regarding pertinent surgical history, diagnostic studies and medications was not provided for review. The treatment plan was for physical therapy functional capacity evaluation of the left shoulder without a rationale. A Request for Authorization was received on 10/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Functional Capacity Evaluation Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (2004) Chapter 7, pages 137-138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE)

Decision rationale: The request for physical therapy functional capacity evaluation left shoulder is not medically necessary. According to the California MTUS/ACOEM Guidelines state that a functional capacity evaluation may be necessary to obtain precise delineation of patient capabilities. The Official Disability Guidelines state functional capacity evaluations are required prior to entering a work hardening program. The request indicates that a functional capacity evaluation is being requested for a physical therapy program. However, functional capacity evaluation are necessary prior to entering physical therapy. Given the above, the request for physical therapy functional capacity evaluation left shoulder is not medically necessary.