

Case Number:	CM14-0093045		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2010
Decision Date:	10/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old gentleman was reportedly injured on May 10, 2010. The most recent progress note, dated April 14, 2014, indicated that there were ongoing complaints of right elbow pain and low back pain. The right shoulder was stated to be doing much better after recent surgery. The physical examination demonstrated tenderness in the paravertebral muscles of the lumbar spine and decreased lumbar spine range of motion. The patient was with ambulation with an antalgic gait. Right shoulder abduction was measured to 100. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included right shoulder surgery, right elbow surgery, physical therapy, and oral medications. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Fitness for duty, functional capacity evaluation, updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation is only recommended to be performed on individuals who have had prior unsuccessful return to work attempts or are close to or at maximum medical improvement. According to the most recent progress note dated April 21, 2014, the injured employee was recommended to continue on total temporary disability as he recovers from his right shoulder surgery. Considering this, the request for a functional capacity evaluation is not medically necessary.