

Case Number:	CM14-0098570		
Date Assigned:	07/28/2014	Date of Injury:	03/05/2012
Decision Date:	09/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old female who was injured on 3/5/2012. She was diagnosed with cervical strain with radiculopathy, chronic degenerative cervical disc disease, left shoulder contusion, and left shoulder tendinosis supraspinatus partial tear. She was treated with physical therapy, acupuncture, cervical injection, and medications. Patient was able to return to work with modified duty. On 4/14/14, the worker was seen by her primary treating physician complaining of constant left shoulder pain and cervical pain with radiation was the same as previous visit reports. Physical examination revealed tenderness to palpation and limited range of motion of the cervical spine as well as decreased sensation of the left arm. There was also tenderness of the left shoulder joint and a positive Hawkin's test. Patient was then recommended acupuncture and a functional capacity evaluation in preparation for a permanent and stationary evaluation. NCV/EMG was also recommended of the bilateral upper extremities, and she was prescribed naproxen, tramadol, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM: Chapter 7 Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG)- Treatment for Workers' Compensation, Online Edition, Chapter: Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation (ODG), Fitness for Duty section, Functional capacity evaluation.

Decision rationale: The MTUS Guidelines state that presently, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the replacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis however a FCE may be considered. The ODG states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor and more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. The request for an FCE for the worker in this case is not complete. There is not enough information describing the job and current limitations that might warrant an FCE. The FCE is not medically necessary.