

Case Number:	CM14-0210922		
Date Assigned:	12/24/2014	Date of Injury:	07/01/2013
Decision Date:	02/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 45-year-old male with an injury date of 07/01/2013. Based on the 08/06/2014 progress report, the patient complains of having constant severe lumbar spine pain which is aggravated by lifting and bending as well as frequent moderate to severe bilateral shoulder pain which is aggravated by raising his arm above his chest. The 09/17/2014 report indicates that the patient has a +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1, multifidus, and left piriformis muscle. He has a positive Kemp's test bilaterally, positive straight leg raise test bilaterally, positive Bragard's bilaterally, positive Yeoman's bilaterally, decrease in left patellar reflex, and a decrease in right patellar reflex. The left/right L5 myotome and S1 myotome showed marked weakness. In regards to the shoulders, there was +2 spasm and tenderness to the bilateral upper shoulder muscles and bilateral rotator cuff muscles. Both Speed's test and supraspinatus test were positive bilaterally. The 10/29/2014 report did not provide any new exam findings. The patient's diagnoses include the following: 1. Lumbar disk displacement with myelopathy; 2. Sciatica; and 3. Partial tear of rotator cuff tendon of the bilateral shoulders. The utilization review determination being challenged is dated 11/12/2014. There are 4 treatment reports provided from 07/09/2014 -10/29/2014.

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 (ACOEM), Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), FCE.

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) guidelines, Chapter 7, pages 137-139, Functional Capacity Evaluations

Decision rationale: The patient presents with lumbar spine pain and bilateral shoulder pain. The request is for a qualified capacity evaluation. There are no discussions provided regarding a functional capacity evaluation. MTUS does not discuss functional capacity evaluations. 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 no significant events to confirm that FCEs predict an individual's actual capacity to perform in a work place." It is unknown if the request was from the employer or the treating physician. The 10/29/2014 report states that the patient "is approaching MMI." However, there is no indication of the patient's work status or discussions provided regarding the goals of a functional capacity evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. Therefore, this request is not medically necessary.