

Case Number:	CM15-0012218		
Date Assigned:	01/29/2015	Date of Injury:	06/13/2013
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 40 year old female who sustained an industrial injury on 06/13/2013 when a large metal door closed on her extended arm. She has reported chronic left shoulder pain and decreased range of motion. Diagnoses include status post arthroscopic surgery. Treatment to date include a left shoulder arthroscopy with subacromial decompression with release of medial outlet obstruction, physical therapy both pre and post operatively, cortisone injection to the left shoulder, oral anti-inflammatories, and opioid pain relievers. In a progress note dated 12/01/2014 the treating provider reports the IW is doing well but has not returned to work. Evaluation of her bilateral upper extremities is normal in regard to inspection, palpation, range of motion, strength, stability, tone, neurovascular and lymphatic exam with exception of complaint of pain at the end point of her range of motion. On 01/05/2015, the impression is that the IW has a plateau in her progress. The physician notes that the patient and physician are in disagreement as her ability to go back to work or progress for work restrictions. A FCE is requested. On 01/14/2015 Utilization Review non-certified a request for a Functional Capacity Evaluation (hours) Qty: 8.00 noting the medical necessity was not supported by the treating physician's documentation. ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 137 and on the Official Disability Guidelines (ODG), Fitness for Duty, Guidelines for performing an FCE were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (hours) Qty: 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 137 and on the Official Disability Guidelines (ODG), Fitness For Duty, Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Working hardening program Page(s): 125. Decision based on Non-MTUS Citation Fitness for Duty; Functional Capacity Evaluation

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more general and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The treating physician is not specific with regards to MMI. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.