

Case Number:	CM15-0013226		
Date Assigned:	01/30/2015	Date of Injury:	01/06/2014
Decision Date:	03/19/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/22/2015

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: California
 Certification(s)/Specialty: Emergency 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:

This 46 year old female sustained an industrial injury to the right knee and right shoulder on 1/16/14. Treatment included right shoulder decompression bursectomy with rotator cuff repair (7/18/14), right knee arthroscopy and medications. In a PR-4 dated 1/28/14, the injured worker had returned to regular duty at work and had only minor intermittent complaints. The injured worker was not requesting any further treatment at this point. Physical exam was remarkable for right shoulder with mild tenderness to palpation anterolaterally, mildly decreased range of motion, motor strength 5/5, intact sensation and negative impingement tests. The physician stated that the injured worker had reached maximum medical improvement and was declared permanent and stationary. The injured worker could continue in her regular and customary occupation without restrictions. On 1/22/15, Utilization Review noncertified a request for a functional capacity evaluation citing ACOEM guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and

Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 132-139

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-138.

Decision rationale: The requested Functional capacity evaluation is not medically necessary. "The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138. The injured worker has returned to regular duty at work and had only minor intermittent complaints. The injured worker was not requesting any further treatment at this point. Physical exam was remarkable for right shoulder with mild tenderness to palpation anterolaterally, mildly decreased range of motion, motor strength 5/5, intact sensation and negative impingement tests. The physician stated that the injured worker had reached maximum medical improvement and was declared permanent and stationary. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional capacity evaluation is not medically necessary.