

Case Number:	CM15-0015990		
Date Assigned:	02/04/2015	Date of Injury:	10/12/2011
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 is a 47-year-old female, who sustained an industrial injury on October 12, 2011. The diagnoses have included tenosynovitis hand, OTH affections shoulder, sprain/strain neck and pain in joint upper arm. Treatment to date has included oral Non-steroidal anti-inflammatory drug, narcotics. Currently, the injured worker complains of right shoulder pain and headaches. In a progress note dated December 17, 2014, the treating provider reports pain with range of motion of cervical spine, positive spurling with radiation to right shoulder and right arm along C5-7 dermatomes, edema VS spasm right trap right cervical spine soft tissue, positive tenderness right shoulder. On December 31, 2014 Utilization Review non-certified a FCE Cervical spine/right shoulder, noting, American College of Occupational and Environmental Medicine guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE C-Spine/ RT Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations. pg. 128.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The patient presents with right shoulder pain and headaches. The request is for FCE C-SPINE / RT SHOULDER. The RFA provided is dated 12/23/14. Patient's diagnosis included tenosynovitis hand /wrist, OTH affections shoulder, sprain/strain neck and pain in joint upper arm. The patient may work modified duty with restrictions. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 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 evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." Treater is requesting FCE and impairment rating to determine if the impairment results in functional limitations. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity. In this case, it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.