

Case Number:	CM15-0126203		
Date Assigned:	07/10/2015	Date of Injury:	12/10/2013
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 39 year old male, who sustained an industrial injury on 12/10/2013. He has reported injury to the neck, right shoulder, right hand/fingers, and low back. The diagnoses have included hand laceration with tendon involvement; status post repair of a right mallet finger extensor tendon laceration at the metacarpophalangeal joint, on 12/16/2013; shoulder, joint pain; shoulder sprain/strain; right shoulder partial rotator cuff tear with bursitis; right shoulder superior labral anterior posterior (SLAP) tear, right shoulder; cervical sprain/strain; lumbar sprain/strain; and lumbosacral or thoracic, neuritis or radiculitis, unspecified. Treatment to date has included medications, diagnostics, elbow strap, back support, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Tylenol, Naproxen, LidoPro, Venlafaxine, and Omeprazole. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant, dull cervical pain that radiates to the right suboccipital area down right trapezius; pain is rated at 3/10 on the pain scale; right shoulder pain that radiates to the deltoid are and triceps area; he has weakness of the shoulder and numbness of the shoulder and arm; pain is rated at 5/10 on the pain scale; pain in the right hand and wrist with numbness; the pain is rated at 3/10 on the pain scale; pain in the thoracolumbar sine with radiation of pain and numbness down his posterior right thigh; pain is rated at 4/10 and is constant; he has episodes of weakness of the right lower extremity; and he reports sadness and depression. Objective findings included tenderness to the right shoulder superior aspect, rotator cuff, acromioclavicular joint, subdeltoid area, deltoid area, and triceps;

right shoulder range of motion is decreased; positive impingement sign; tenderness to the right metacarpophalangeal joints and of the right hand and wrist; tenderness to the extensor and flexor compartments of the forearm; tenderness to the bilateral lumbar paraspinal areas; positive percussion at the L3 through S1 spinous processes; and decreased tactile sensory at the level of the leg in the L4, L5, and S1 territories. The treatment plan has included the request for one (1) functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty: Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any functional status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCE's ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The One (1) functional capacity evaluation is not medically necessary and appropriate.