

Case Number:	CM15-0126268		
Date Assigned:	07/10/2015	Date of Injury:	03/21/2014
Decision Date:	08/20/2015	UR Denial Date:	06/22/2015
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: 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 is a 47 year old male, who sustained an industrial injury on 3/21/2014. The records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral shoulder strain/sprain, bilateral impingement syndrome, bilateral elbow lateral epicondylitis, bilateral wrist strain, rule out bilateral carpal tunnel syndrome, chronic overuse syndrome, depressions and sleep disturbance secondary to pain. Treatments to date include modified activity, elbow/wrist braces, physical therapy, chiropractic therapy, and therapeutic injections. Currently, he complained of pain in bilateral shoulders and bilateral elbows. On 5/21/15, the physical examination documented tenderness to the right shoulder, bilateral elbows and bilateral wrists. The plan of care included a functional capacity evaluation (FCP).

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Fitness for Duty, Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.