

Case Number:	CM15-0136412		
Date Assigned:	07/24/2015	Date of Injury:	07/01/2009
Decision Date:	11/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old female who sustained an industrial injury on 7-1-09. Progress report dated 5-25-15 reports continued complaints of right shoulder, right elbow, right hip and left hand pain, rated 7 out of 10. The pain is described as aching and radiates to the right forearm, right wrist and right hand. She reports medications are helping and are tolerated well. Her quality of sleep is poor. She reports that about three weeks ago, during physical therapy hearing a crack in her right forearm and she her pain has increased since. Medications include: cyclobenzaprine, terocin patch, lidopro, famotidine, gabapentin and tylenol. Objective findings: She walks with antalgic gait. The cervical spine range of motion is restricted with extension 20 degrees and there is tenderness noted on the right side. The right shoulder range of motion is restricted with flexion 30 degrees limited by pain. The right hip range of motion is restricted with extension 15 degrees limited by pain. Tenderness noted over the groin with painful range of motion. Diagnoses include: rotator cuff sprains and strains, cervical disc degeneration, cervical disc displacement without myelopathy and brachial neuritis or radiculitis. She had right rotator cuff surgery in 2011. Plan of care includes: injured worker does not want shoulder surgery, x-ray of hip was negative, can be considered maximum medical improvement as of today's exam, request for functional capacity evaluation do outline permanent restrictions, follow-up with her psychologist. Work status: temporarily totally disabled until next appointment. Follow-up in 4 weeks.

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 ACOEM Guidelines Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional capacity evaluation (FCE) <http://www.odg-twc.com/>.

Decision rationale: According to ODG guidelines, <http://www.odg-twc.com/>. 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. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. 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. (WSIB, 2003) There is no documentation that the patient is considered for admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. It was documented that the patient is able to perform her job with some restriction and the need for a FCE is unclear. Therefore, the request for Functional Capacity Evaluation is not medically necessary.