

Case Number:	CM15-0176939		
Date Assigned:	09/17/2015	Date of Injury:	06/08/2014
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Pennsylvania, Ohio, 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 61 year old male, who sustained an industrial injury on 6-8-14. He reported pain in the right shoulder, low back, and right groin. The injured worker was diagnosed as having cervical spine sprain or strain, cervical spine myospasms, lumbar spine sprain or strain, lumbar spine radiculitis, right shoulder sprain or strain, right shoulder clinical impingement, chest pain, tension headaches, lumbar spine disc desiccation, lumbar spine multilevel disc protrusion with an annular tear, right shoulder calcific tendinosis, right shoulder partial tear of the supraspinatus and infraspinatus tendons, right shoulder bursitis, right shoulder effusion, right shoulder labral degeneration versus partial tear, peripheral polyneuropathy of the bilateral lower extremities, right knee medial meniscus tear, right knee anterior cruciate ligament patient thickness tear, right knee joint effusion, and chronic pain. Treatment to date has included physical therapy, aquatic therapy, and medication. On 7-13-15 pain was rated as 6 of 10. Physical examination findings on 7-13-15 included tenderness to palpation with spasm of the right upper trapezius muscles. Tenderness to palpation with spasms of the lumbar paraspinals bilaterally was noted. Limited cervical and thoracic range of motion secondary to pain was noted. Right shoulder tenderness to palpation of the right glenohumeral joint and right acromioclavicular joint was noted. Currently, the injured worker complains of pain in the right shoulder, low back, chest, groin, and right knee. The treating physician requested authorization for a functional capacity evaluation. On 8-24-15 the request was non-certified.

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 Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.