

Case Number:	CM15-0066184		
Date Assigned:	04/14/2015	Date of Injury:	08/26/2014
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, 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 applicant is a represented 34-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 20, 2014. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 8/10. The applicant was pending an orthopedic evaluation. The applicant was also using Lunesta, Mobic, Naproxen, and Prilosec; it was stated in another section of the note. The applicant had ceased using Norco owing to incomplete analgesia with the same. Multiple medications were renewed. A 25-pound lifting limitation was endorsed. The applicant was apparently working with said limitations in place, it was suggested. A functional capacity evaluation was nevertheless proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the proposed quantitative functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant had already returned to work with limitations in place, it was suggested on the progress note of February 27, 2015 on which the functional capacity evaluation was proposed. It was not clearly stated how functional capacity testing would influence the applicant's work status and/or work restrictions. It was not clear why functional capacity testing was sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.