

Case Number:	CM15-0078238		
Date Assigned:	04/29/2015	Date of Injury:	04/04/2014
Decision Date:	06/01/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/23/2015

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 33-year-old male, who sustained an industrial/work injury on 4/4/14. He reported initial complaints of popping in left shoulder and back pain. The injured worker was diagnosed as having lumbosacral strain, left clavicular fracture, contusion/ concussion of head, left shoulder pain, lumbar disc protrusion and radiculitis. Treatment to date has included medication, diagnostics, injections, splint. MRI results were reported on 8/11/14. X-Rays results were reported on 9/15/14. Currently, the injured worker complains of headache, neck, low back, and left shoulder pain. Per the primary physician's progress report (PR-2) on 3/3/15, exam revealed spinous motions are restricted with supraspinatus press causing pain. Kemp's and straight leg raise was positive. The requested treatments include functional capacity evaluation.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 04/04/14 and presents with headaches, neck pain, low back pain that radiates to the left lower extremity, and left shoulder pain. The request is for a functional capacity evaluation "for baseline evaluation for computerized range of motion, and work restriction recommendations." There is no RFA provided and the patient is on temporary total disability. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also maybe ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace." The patient has +3 tenderness to palpation of the lumbar paravertebral muscles and suboccipital muscles, cervical spine ranges of motion are decreased, there is +3 tenderness to palpation of the lumbar paravertebral muscles, lumbar spine ranges of motion are decreased and painful, Kemp's causes pain bilaterally, straight leg raise causes pain on the left, there is palpable prominence present at the left mid clavicle, left shoulder range of motion are decreased and painful, and supraspinatus press causes pain. The patient is diagnosed with lumbosacral strain, left clavicular fracture, contusion/ concussion of head, left shoulder pain, lumbar disc protrusion, and radiculitis. The treater is requesting for a functional capacity evaluation to have a baseline evaluation for computerized range of motion, and work restriction recommendations. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCE's predict the patient's actual capacity to work. The requested functional capacity evaluation IS NOT medically necessary.