MAXIMUS Federal Services

Case Number:	CM13-0015043		
Date Assigned:	10/04/2013	Date of Injury:	06/21/2012
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of June 21,2012. A utilization review determination dated August 14, 2013 recommends noncertification for a functional capacity evaluation. Noncertification is due to, "no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return to work. There is no evidence of previous failed attempts to return to full duties or complicating factors. There are no medical records from the requesting chiropractor." A progress report dated July 2, 2013 identifies, "he feels that he is doing a little better. He commented, "I usually still have some pain in my left knee and right shoulder." The note goes on to identify, "the patient said the rest of his original symptoms have improved to the point where they no longer bother him." Physical examination identifies tenderness to palpation around supraspinatus on the right, normal muscle strength in the upper extremities, normal left knee range of motion, some discomfort in the right rib area with rotation, and reduced shoulder range of motion. The note goes on to state, "I believe he can return to work with certain limitations, as noted in earlier reports to you. Unfortunately it has been my understanding that no modified work is available for him, as he was a farm laborer. Most of his work requires physical labor that involves repeated unrestricted use of his extremities." The note goes on to state, "with regard to his current work status, I believe it is reasonable for [redacted] to undergo functional capacity evaluation, to help determine what he is actually capable of and where his limitations still exist. Based upon this type of evaluation, his return to work status can be determined with a more reliable set of facts at our disposal." A qualified medical evaluation dated June 7, 2013 identifies present complaints stating, "symptoms in the applicant's upper back are in the r

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 Page(s): 132-139 of Chapter 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding the request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job task analysis. The guidelines recommends functional capacity evaluation prior to admission to a work hardening program. The guidelines also state that functional capacity evaluation (FCE) is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Guidelines go on to state that FCE subtests of lifting were related to return to work and return to work level for people with work related chronic symptoms. The criteria for the use of functional capacity evaluation includes, case management is hampered by complex issues such as: prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of the workers abilities. They recommend that timing is appropriate where the patient is close to or at maximum medical improvement and all medical reports are secured, and additional/secondary conditions are clarified. Within the documentation available for review, it appears that the patient's physical examination is mostly normal. However, the patient's complaints with activity seem to preclude his ability to return to work in his previous capacity. No modified duty is available at the patient's current job. Therefore, the patient would be required to work full duty if he is to return to work in the current capacity. The patient's full duty work requires significant manual physical labor. Therefore, the qualified medical examination (QME) suggested that the patient has lost 50% of his work capacity, and is precluded from activities requiring him to engage in heavy lifting, pushing, pulling, and reaching. The physician's note is unclear exactly how the functional capacity evaluation would be used. The QME physician has indicated that the patient will not be able to return to his previous job, or jobs requiring similar work capacity. The requesting chiropractor has stated that the patient, "can return to work with certain limitations," but has acknowledged that no modified work is available. Therefore, it appears that the doctors evaluating this patient both agree that he is unable to return to his previous job, and it is unclear how a functional capacity evaluation will further clarify this issue. In the absence of clarity regarding that issue, the currently requested functional capacity evaluation is not medically necessary and appropriate.