

Case Number:	CM13-0021539		
Date Assigned:	09/10/2014	Date of Injury:	05/22/2012
Decision Date:	10/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The patient is a 42-year-old male who has submitted a claim for Sprains and strains of unspecified site of shoulder and upper arm associated with an industrial injury date of May 22, 2012. Medical records from 2013 were reviewed, which showed that the patient complained of cervical pain radiating to the left upper extremity intermittently. Examination revealed tenderness along the left trapezius muscle and cervical spinal vertebrae on the left. There was allodynia noted in the left trapezius, left levator scapulae and left rhomboid muscles. ROM of the cervical spine was limited secondary to pain. MRI study of the cervical spine reported a 1 mm bulge at C5-6. Treatment to date has included medications. Utilization review from July 31, 2013 denied the request for Functional capacity evaluation because the patient met none of the criteria for FCE especially being at or near maximum medical improvement. It is not clear if additional treatment is indicated. There is no documentation that the employer had been contacted regarding any level of return to work. There was no specific job described for which suitability is being evaluated.

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 Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Fitness for Duty, Guidelines for performing a Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. According to the Official Disability Guidelines (ODG) recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the records do not indicate what type of work the patient is going to do. In this case, there was no mention that there was any prior unsuccessful return to work attempts. It was also not indicated that the patient is close to maximum medical improvement. Therefore, the request for Functional Capacity Evaluation is not medically necessary.