

Case Number:	CM13-0025322		
Date Assigned:	11/20/2013	Date of Injury:	07/19/2011
Decision Date:	02/07/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 female patient with a date of injury of July 19, 2011. A utilization review determination dated September 10, 2013 recommends noncertification of functional capacity evaluation. A progress report dated January 10, 2013 states that the patient continues to have neck and lower back pain. There is no indication for surgical intervention. The requesting physician indicates that the patient is working but continues to be symptomatic. Physical examination identifies spasm tenderness and guarding in the paravertebral cervical and lumbar muscles with decreased range of motion. Diagnoses include disc displacement, pain in limb, cervical radiculopathy, shoulder impingement, knee tendinitis bursitis, wrist tendinitis bursitis, hip tendinitis bursitis, and lumbosacral radiculopathy. The guidelines are clear that the functional capacity evaluation should be considered in order to translate the medical impairment into the functional limitations and to provide the patient with permanent work restrictions which will allow a patient to remain in the workforce without exacerbating the industrial injury.

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): Functional Capacity Evaluations.

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, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Guidelines do not recommend FCE if the worker has returned to work and an ergonomic assessment has not been arranged. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or an injury that would require detailed exploration. Furthermore, there is no indication that an ergonomic assessment has been arranged, as recommended by guidelines prior to FCE for patients who have returned to work. In the absence of clarity regarding these issues, the currently requested functional capacity evaluation is not medically necessary.