

Case Number:	CM13-0048279		
Date Assigned:	06/09/2014	Date of Injury:	02/06/2012
Decision Date:	07/31/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 2/6/12. The primary diagnoses include a cumulative trauma disorder to the cervical and lumbar spine and to the bilateral shoulders, wrists, hands, hips, knees, and ankles. The treating diagnoses include cervicobrachial radiculitis and a chronic bilateral shoulder sprain/strain as well as a bilateral supraspinatus tear with retraction, mild right carpal tunnel syndrome, and bilateral wrist tenosynovitis. On 8/20/13, the patient's treating pain management physician saw the patient in followup regarding ongoing pain. The patient's treating orthopedic surgeon had recently recommended left knee arthroscopy with a partial meniscectomy and chondroplasty. The treating physician opined that the patient required arthroscopic surgery to both knees and shoulders. The treating physician recommended a functional capacity evaluation in order to determine a baseline level for work conditioning activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines discuss functional capacity evaluations under work conditioning, page 125. This guideline recommends a functional capacity evaluation in specific situations in the context of a particular job at a medium or higher level of physical demand and after the patient has plateaued with traditional treatment options. In this case, the medical records do not document a specific job for which return is proposed. The medical records are not clear regarding the specific physical demands of a proposed return-to-work job. Most notably, the medical records note a plan for additional surgery to the shoulders and/or knees; a functional capacity evaluation would not be indicated prior to completion of that treatment or other planned treatment. For these multiple reasons, the requested functional capacity evaluation is not supported by the records and guidelines. This request is not medically necessary.