

Case Number:	CM13-0053539		
Date Assigned:	05/21/2014	Date of Injury:	01/28/2009
Decision Date:	07/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 applicant is a represented 61 year old [REDACTED] employee who has filed a claim for chronic shoulder pain, carpal tunnel syndrome, low back pain, mid back pain, neck pain, and knee pain reportedly associated with an industrial injury of January 20, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 21, 2013, the claims administrator seemingly denied a request for a functional capacity evaluation. The applicant's attorney subsequently appealed. It appears that a functional capacity evaluation was requested via a progress note dated September 11, 2013, in which the attending provider stated that he would like to pursue MRI imaging, electrodiagnostic testing, and functional capacity testing to "systematically document" the applicant's current physical abilities. It was seemingly suggested that the applicant was not working and was moving towards permanent and stationary status, with ongoing complaints of neck pain, mid back pain, shoulder pain, carpal tunnel syndrome, low back pain, and knee pain.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While page 21 of the ACOEM Guidelines does acknowledge that functional capacity testing can be employed to help translate an applicant's functional impairment into limitations and restrictions, in this case, however, the applicant does not appear to have a job to return to. The applicant does not appear to have any intention of returning to the workplace and/or workforce. It did not appear that the applicant has made any attempts to return to work on a trial basis. It is unclear how the functional capacity testing in question would influence or alter the treatment plan and/or the applicant's work status and/or facilitate the applicant's returning to work. Therefore, the request is not medically necessary.