

Case Number:	CM13-0058098		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2013
Decision Date:	04/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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, and is licensed to practice in Illinois. 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:

The patient is a 41-year-old who reported an injury on 02/25/2013. The mechanism of injury was noted to be the patient had a fall in the parking lot resulting in an injury to the left knee and indicated she broke the fall with her left arm. She was treated with physical therapy and medications. The most recent documentation dated 11/06/2013 revealed the patient had a dull ache in the left shoulder that radiated to the cervical spine which gave her headaches. The patient had left wrist pain that radiated to the left elbow where the patient indicated they had stiffness and the patient had left knee pain that was dull but constant. Objectively, the patient had anterior tenderness to the left shoulder and left knee. The patient's pain was an 8/10. X-rays were noted to be taken of the left shoulder and left humerus which showed no increase of osteoarthritis and the x-rays of the left knee and left tibia revealed no increase in osteoarthritis. The patient's diagnoses were noted to include left shoulder strain, strain of the left knee, and tenosynovitis of the left wrist and hand. The request was made for a Functional Capacity Evaluation to assess the patient's level of impairment and make her permanent and stationary and to determine the appropriate capabilities to see if the patient met the physical demands of returning to work to her own job. It was indicated the patient was close to reaching maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

An FCE (functional capacity evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE Section.

Decision rationale: The Physician Reviewer's decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The patient was close to Maximum medical improvement, however, the clinical documentation submitted for review failed to indicate the patient had a prior unsuccessful attempt to return to work. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request for a functional capacity evaluation is not medically necessary or appropriate.