

Case Number:	CM13-0058280		
Date Assigned:	03/03/2014	Date of Injury:	01/28/2013
Decision Date:	06/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 Emergency Medicine and is licensed to practice in New York. 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 29-year-old male who was injured on January 28, 2013. The patient continued to experience pain in his neck, left shoulder, left wrist, left elbow, left hip, and left knee. Physical examination is notable for positive bursitis and impingement symptoms diffuse tenderness left elbow, diffuse tenderness of the left wrist with positive Tinel's sign and positive Phalen's sign, full range of motion of the left hip, and positive Patellofemoral crepitus of the left knee. MRI of the left shoulder dated 10/16/2013 reported mild to moderate acromioclavicular degenerative joint disease. MRI of the left elbow dated 10/15/2013 was negative for acute disease. MRI of the left wrist dated 10/17/2013 reported lateral patella tilt without focal chondral defect. MRI of the left foot dated 10/17/2013 reported minimal spurring left hip. Diagnoses included left hip arthralgia, left knee chondromalacia, left wrist carpal tunnel syndrome, left elbow arthralgia, and left shoulder bursitis, and impingement. Treatment included medications, home exercise, acupuncture, and physical therapy. Request for authorization for functional capacity evaluation was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluations.

Decision rationale: Both job-specific and comprehensive functional capacity evaluations (FCEs) can be valuable tools in clinical decision-making for the injured worker; however, FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. Per ODG Consider an FCE if: 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts, - Conflicting medical reporting on precautions and/or fitness for modified job, - Injuries that require detailed exploration of a worker's abilities, 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified, Do not proceed with an FCE if: - the sole purpose is to determine a worker's effort or compliance, - the worker has returned to work and an ergonomic assessment has not been arranged. The timing is not appropriate for a functional capacity evaluation in this case. There is no documentation that the patient was close to maximal medical improvement and that all key records were secured. Conditions for functional capacity evaluation have not been met. The request is not medically necessary.