

Case Number:	CM14-0005109		
Date Assigned:	01/24/2014	Date of Injury:	10/03/2013
Decision Date:	06/09/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 65-year-old male with a date of injury of 10/03/2013. The listed diagnoses per [REDACTED] are cervicalgia, left shoulder impingement syndrome, arthropathy of the bilateral hand, lumbago, prepatellar bursitis of the left knee and pain in joints of the lower leg. According to initial evaluation from 11/13/2013 by [REDACTED], the patient presents with neck, left shoulder, bilateral hand, and left knee and leg pain. The patient's current medication includes ibuprofen and high blood pressure medication. An examination of the cervical spine revealed some tenderness to palpation over the lower cervical spine at C6-C7 with decreased range of motion. Examination of the shoulders revealed positive impingement sign involving the left shoulder. He also has positive supraspinatus press test. He has significantly decreased range of motion. Examination of the wrist and hand revealed tenderness to palpation over the dorsal aspect of the right hand particularly the first and second metacarpal. Examination of the lumbar spine revealed some tenderness to the lower spine particularly at L4-L5 with decreased range of motion. Examination of the knee revealed flexion on the left 100 degrees. Examination of the leg revealed tenderness over palpation of the anterior aspect of the left lower leg. The provider is requesting authorization for the patient to obtain initial Functional Capacity Evaluation. Utilization review dated 01/13/2014 denied the request.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation NON MTUS: ACOEM, CHAPTER 7, 137-138

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-139.

Decision rationale: This patient presents with neck, low back, shoulder, hand and wrist, knee and leg pain. The provider is requesting a Functional Capacity Evaluation. ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this case, although the provider recommends authorization for patient to obtain an initial functional capacity evaluation, he does not discuss why the FCE is being requested. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. Recommendation is for denial.