

Case Number:	CM14-0008375		
Date Assigned:	02/12/2014	Date of Injury:	12/11/2009
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

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 & 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 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 62 year-old female who was injured on 12/11/09. She has been diagnosed with brachial neuritis; cervicobrachial syndrome; displaced cervical intervertebral disc. According to the 12/19/13 progress report, the patient presents with no change in condition, continuing with constant moderate pain in the cervical spine. Throbbing pain radiating to bilateral shoulders. She is awaiting the 2nd ESI. The plan was to get an FCE prior to P&S report. On 1/3/14, UR denied this.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 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 MTUS: FUNCTIONAL IMPROVEMENT MEASURES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138 Opinion about current work capability and, if requested, the current objective functional capacity of the examinee. The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The

physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee t

Decision rationale: According to the 12/19/13 progress report, the employee presents with no change in condition, continuing with constant moderate pain in the cervical spine. I have been asked to review for a functional capacity evaluation (FCE). The MTUS does not discuss functional capacity evaluations. The ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). The ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.