

Case Number:	CM14-0009909		
Date Assigned:	02/21/2014	Date of Injury:	07/21/2010
Decision Date:	07/15/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 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 patient is a 57-year-old female who has submitted a claim for cervical spine degenerative disc disease, right upper extremity radiation; lumbar spine degenerative disc disease, right lower extremity radiation; bilateral knee patellofemoral syndrome; and left wrist sprain/strain associated with an industrial injury date of July 21, 2010. Medical records from 2013-2014 were reviewed. The patient complained of constant neck and back pain, grade 4/10 in severity. There was associated knee pain on ascending the stairs. A physical examination showed the patient in mild distress, depressed, and frustrated. Gait was within normal limits. The patient was having difficulty on achieving recumbency and rising from recumbency. Musculoskeletal and neurological exam was not documented. Imaging studies were not made available. The treatment to date has included medications, physical therapy, chiropractic therapy, activity modification, and cervical epidural steroid injection. The utilization review, dated January 8, 2014, denied the request for one (1) final functional capacity evaluation, because the guidelines do not support the use of this testing modality above and beyond the results of a physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) FINAL FUNCTION CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice

Guidelines, 2nd Edition (2004), page 48-49, Table 12-8, page 308-310, Table 8-8, page 181-185, and 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The ACOEM Guidelines indicate that functional capacity evaluations (FCE) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The Official Disability Guidelines indicate that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities), and timing is appropriate (Close to or at MMI/all key medical reports secured, and additional/secondary conditions have been clarified). In this case, there was no documentation of any previous FCE. The patient has worked modified duties from November 2010 to December 2011 and from December 2013 to January 2014. Medical records from January 2012 to December 2013 were not available to assess the patient's work capacity during that 2-year period. Medical records submitted and reviewed do not provide discussion regarding the indication for FCE and whether this will be crucial to the management of the patient. There is no evidence of prior unsuccessful return to work trials that might make a case for a functional capacity evaluation. The medical necessity has not been established. Therefore, the request for one (1) functional capacity evaluation (FCE) is not medically necessary.