

Case Number:	CM14-0103825		
Date Assigned:	07/30/2014	Date of Injury:	09/20/2011
Decision Date:	09/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 9/20/11 date of injury. At the time (6/10/14) of the request for authorization for Functional Capacity Evaluation (cervical, left shoulder, lumbar), there is documentation of subjective (daily but intermittent neck pain, daily headaches, constant low back pain, radiating pain into the right hip and buttocks, occasional numbness in the toes of his right foot, and daily left shoulder pain) and objective (very mild tenderness of the left paracervical muscles, decreased sensation of the right C6 dermatome distribution, palpable tenderness of the right lower lumbar spine, decreased sensation over the right L5 dermatome distribution, decreased lumbar range of motion) findings, current diagnoses (C4-6 disc degeneration, left acromioclavicular joint degenerative joint disease, left shoulder impingement syndrome, L5-S1 disc degeneration, and L4-S1 facet arthropathy), and treatment to date (medication). There is no documentation indicating case management is hampered by complex issues (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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (cervical, left shoulder, lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

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 evaluation (FCE) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the injured worker/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of C4-6 disc degeneration, left acromioclavicular joint degenerative joint disease, left shoulder impingement syndrome, L5-S1 disc degeneration, and L4-S1 facet arthropathy. However, there is no documentation indicating case management is hampered by complex issues (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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation (cervical, left shoulder, lumbar) is not medically necessary.