

Case Number:	CM14-0017319		
Date Assigned:	04/14/2014	Date of Injury:	10/30/2007
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 Family Practice and is licensed to practice in Texas. 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 injured worker is a 47-year-old female who reported an injury on 10/30/2007. The mechanism of injury was not stated. Current diagnoses include status post anterior cervical discectomy and fusion, status post ulnar nerve release, right elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine spondylosis, status post bilateral knee arthroscopy, bilateral knee osteoarthritis and degenerative joint disease, status post gastric sleeve surgery, and weight gain. The injured worker was evaluated on 09/09/2013. The injured worker reported persistent pain over multiple areas of the body. Physical examination revealed positive Tinel's and Phalen's testing on the left, normal range of motion of the bilateral wrists, and normal range of motion of the bilateral knees. Treatment recommendations at that time included authorization for a Functional Capacity Evaluation to evaluate the current clinical orthopedic status.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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), CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, PAGE 88-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. A Functional Capacity Evaluation should not be completed for the sole purpose to determine a worker's effort or compliance. As per the documentation submitted, there is no evidence of previous unsuccessful return to work attempts. There is no indication that the injured worker has reached or is close to maximum medical improvement. There is no documentation of a defined return to work goal or job plan. The injured worker reports persistent pain over multiple areas of the body that may require ongoing treatment and it is unclear whether the patient will be returning to any type of work duty. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.