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| Case Number: | CM14-0017962 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 03/07/2013 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 & Rehabilitation 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 an employee of [REDACTED] and has submitted a claim for neck pain with an industrial injury date of March 7, 2013. Treatment to date has included medications, physical therapy, and acupuncture. Utilization review from January 27, 2014 denied the request for functional capacity evaluation because there was no evidence of unsuccessful return to work attempts and there was no need for a more exploration of a worker's abilities. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating into the upper extremities with pain, paresthesia, and numbness, as well as right shoulder pain with decreased range of motion and strength. She also reported pain on the left side as a compensable consequence of overuse due to favoring the left side. The patient has delivered her pregnancy at the end of February 2014 and was breastfeeding. On physical examination, there was spasm, tenderness, and guarding noted in the paravertebral musculature of the cervical spine with loss of range of motion. There was decreased sensation bilaterally in the C5 dermatomes. Left shoulder showed impingement and Hawkins signs with decreased range of motion. There was good range of motion of the right shoulder with mild impingement symptomatology. An EMG/NCS of the upper extremities dated 8/19/13 showed acute cervical radiculopathy. A functional capacity evaluation was being requested in order to assess her physical abilities to work and to expedite return to work status for her to continue working without further aggravation of her industrial injuries since the patient is nearing maximum medical improvement and the requesting physician is working towards declaring her permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: FUNCTIONAL CAPACITY EVALUATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 137-138.

Decision rationale: As stated on pages 137-138 of the California MTUS ACOEM occupational medicine practice guidelines, FCEs are deliberately simplified evaluations that are not an accurate representation of what a patient can or cannot do in the workplace. Functional capacity evaluations are highly effort dependent and merely reflect what a patient chooses to perform on a certain day. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, the patient was noted to be at her usual and customary work and is self regulating to avoid exacerbation. The latest clinical notes do not clearly describe the limitation of the patient in terms of work related functions. It is unclear why an FCE is needed when the patient is currently able to work. Therefore, the request for functional capacity evaluation is not medically necessary.