

Case Number:	CM14-0118265		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2011
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 Pain Management, 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 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 54-year-old male with a date of injury of 07/21/2011. The listed diagnose per [REDACTED] are: 1. History of scalp laceration. 2. Cervical degeneration disk disease/cervical radiculopathy. 3. Right shoulder sprain/strain. 4. Right knee sprain/strain. 5. Right knee osteoarthritis. 6. Myofascial pain. 7. History of diabetes. 8. Status post right shoulder surgery, 07/08/2013. According to progress report 05/02/2014, the patient presents with right knee pain. The patient has received 6 physical therapy sessions and has been improving "slightly," but still complains of weakness and some clicking when rising from a seated position. Examination revealed pain with hyperflexion, effusion, patellar tendon tenderness, and mild patellofemoral crepitus. Range of motion was decreased. Progress report 07/09/2014 reports patient continues with right knee pain and also complains of right-sided neck and right shoulder pain. Patient has continued with physical therapy for the right knee. He has started a series of Supartz injections on 07/07/2014. The patient is using Tramadol, LidoPro cream, and a TENS (Transcutaneous Electric Nerve Stimulation) unit for his pain. Treater is recommending patient continue home exercises and is requesting a functional capacity evaluation to objectively evaluate restrictions. Utilization review denied the request for FCE on 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Fitness for Duty procedure Summary last updated 05/12/2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures. Decision based on Non-MTUS Citation ACOEM Guidelines, functional capacity evaluations, Chapter 7, pages 137,139.

Decision rationale: This patient presents with continued right knee, right-sided neck, and right shoulder pain. The patient is status post right shoulder surgery on 07/08/2013. The patient's treatment history includes physical therapy, medication, TENS (Transcutaneous Electric Nerve Stimulation) unit, and injections. Treater is requesting a functional capacity evaluation to "objectively evaluate with restrictions." ACOEM guidelines, pages 137 and 139, do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. The treater appears to be asking for FCE for a routine evaluation which is not supported by the ACOEM. Therefore, the request for Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.