

Case Number:	CM14-0162445		
Date Assigned:	10/07/2014	Date of Injury:	11/16/2012
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 Internal 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 injured worker (IW) is a 36-year-old woman with a date of injury of November 16, 2012. The initial injury and mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's follow-up report dated September 9, 2014, the IW complained of chronic pain in the left wrist, cervical spine and left shoulder. She had not been seen by a psychologist and stopped intake of selective serotonin reuptake inhibitors (SSRIs). The IW would like to refrain from any surgical interventions. On physical examination, discomfort was noted on flexion and extension of the wrist bilaterally against gravity. Decreased grip strength was noted on the left side. Minimal discomfort was noted on elevation of upper extremity against gravity at approximately 120 degrees. No discomfort was noted on flexion and extension of the cervical column. Mild spasm and tenderness observed in the paravertebral muscles of the cervical spine. If the conditioned worsened, the IW could become a candidate for a therapeutic and diagnostic left wrist arthroscopy. An MRI of the left wrist dated July 3, 2014 revealed no evidence of fracture or bone contusion. There was a 1.3 X 0.8 X 0.4 cm multiloculated fluid collection noted dorsal to the scapholunate ligament consistent with ganglion cyst. No evidence of TFCC tears. No evidence of tendonitis or ligamentous injury. The IW was diagnosed with shoulder impingement, cervical radiculopathy, and wrist tendonitis or bursitis. Treatment plan included chiropractic treatment for cervical spine and left shoulder, electrodiagnostic studies of the upper extremities, and functional capacity evaluation. The IW was presently employed in the capacity of appointment clerk/receptionist. Her job duties included a lot of typing, sitting, and overall utilization of computers. Work status remained unchanged at the September 9, 2014 evaluation. Relafen was the only medication refilled at the follow-up visit.

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 Fitness for Duty Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, pages 132-139 Official Disability Guidelines (ODG); Low Back Pain; Functional Capacity Evaluations

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, the functional capacity evaluation is not medically necessary. The guidelines state an employer may request a functional capacity evaluation to further assess current work capability through functional capacity evaluations. They are widely used and promoted. There are limitations and pitfalls in these evaluations, however. Functional capacity evaluations may establish physical abilities and facilitate the employees returned to work, however these evaluations can be deliberately simplified based on multiple assumptions and subjective factors. There is little scientific evidence confirming these evaluations and to predict an individual's actual capacity to perform in the workplace, what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. If a worker is actively participating in determining the suitability of a particular job, the evaluation is more likely to be successful. It is important to provide as much detail as possible about the potential job to the evaluator. Job specifics are more helpful than general assessments. In this case, the injured worker complained of pain in the cervical spine and left shoulder. There was mild spasm and tenderness in the power of vertebral muscles of the neck. She also had pain with symptoms in the left wrist. She was scheduled for additional chiropractic treatments, however was unable to attend due to conflict. The injured worker was employed an appointment clerk or at reception. Her work duties include a lot of typing, sitting and overall utilization of computers. However, the injured worker remains off work and there is no indication of return to work date. Further testing and treatment were pending and the injured worker has not attained maximal medical improvement. As noted above, there is little scientific evidence confirming these evaluations and to predict an individual's capacity to perform in the workplace. Additionally these evaluations can be deliberately simplified based on multiple assumptions and subjective factors. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the functional capacity evaluation is not medically necessary.