

Case Number:	CM14-0164260		
Date Assigned:	10/09/2014	Date of Injury:	07/11/2011
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 43-year-old woman with a date of injury of July 11, 2011. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated August 28, 2014, the IW is noting good improvement with Paxil 20mg daily. The physical examination findings revealed spasms, tenderness and guarding over the paravertebral musculature of the cervical and lumbar spine with loss of range of motion. The IW is approaching maximum medical improvement (MMI) from an orthopedic standpoint. The IW is controlled with her current medical and physical regimen and would like to return to work in a formal capacity but has been unable to do so due to pain. The IW has been diagnosed with cervical radiculopathy and thoracic/lumbosacral neuritis or radiculitis. The provider documents that an attempt will be made to increase Paxil to 40mg because the IW reports that she is still experiencing periods of depression and anhedonia. There is no documentation documenting recent unsuccessful return to work attempts and conflicting medical reporting. Furthermore there is no documentation noting a detailed job description.

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 137-138 Official Disability Guidelines (ODG); Pain Section, Functional Capacity Evaluation

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, the requested functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results are due to functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physicians should state whether the work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predicted individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The Official Disability Guidelines state "consider a functional capacity evaluation if: case management is hampered by complex issues such as prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for a modified job; injuries that require detailed exploration of a worker's abilities; timing is appropriate whereby the injured worker is at close or maximal medical improvement and hopefully medical reports a secured an additional secondary conditions are clarified. Do not proceed with the functional capacity evaluation if the sole purpose is to determine a worker's effort for compliance". In this case, the progress note dated April 24, 2014 indicates the injured worker continues to have depression and anxiety and attributes this to stress at the workplace. The September 25, 2014 note states authorization is pending for a functional capacity evaluation to assess the patient's physical abilities. The ODG states do not proceed with the functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance. The documentation from September 25, 2014 indicates the purpose of the functional capacity evaluation was to assess the patient's physical abilities. It is unclear whether the injured worker has returned to work. This is an improper rationale for Functional Capacity Evaluation. Additionally, there is little scientific evidence confirming functional capacity evaluations predicted individual's actual capacity to perform in the workplace. Consequently, the functional capacity evaluation is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the functional capacity evaluation is not medically necessary.