

Case Number:	CM14-0165018		
Date Assigned:	10/10/2014	Date of Injury:	03/14/2012
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 and 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 a 65 year old female with an injury date on 03/14/12. Based on the 07/22/14 progress report provided by [REDACTED], the patient complains of neck pain, hand and right wrist pain. "She rates her neck pain as 7-8 VAS (visual analog scale)." Exam findings show Cervical ROM (range of motion) is decreased in all fields due to increased pain with movement. The pain is as 5/10 for the right wrist. There were no other significant findings noted on this report. Her diagnoses include the following: 1. Cervical myofascial strain 2. Superimposed on DDD/DJD (degenerative disc disease/ degenerative joint disease) 3. Foraminal stenosis 4. Cervical myofascial pain 5. Headaches 6. Carpal Tunnel Syndrome, bilaterally [REDACTED] is requesting for functional capacity evaluation. The utilization review denied the request on 09/09/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/23/14 to 09/24/14.

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 ODG, Fitness for Duty Procedure Summary- Functional capacity evaluation (FCE)

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) Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: According to the 0/22/14 report this patient presents with neck, hand and wrist pain. The request is for functional capacity evaluation. The UR denial letter on 09/09/14 states that FCE is not recommended due to the guideline criteria has not been met per medical report provided. The report on 07/01/14 states that the patient is to return to modified work with limitation to sedentary work. Regarding Functional/Capacity Evaluation, ACOEM states, "As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities." In this case, the patient has returned to work and the treater has already provided work limitations. ACOEM states that it is problematic to rely on FCE results and the treating physician's estimation is just as good. Routine FCE's are not recommended. Request for Functional capacity evaluation is not medically necessary.