

Case Number:	CM14-0167996		
Date Assigned:	10/15/2014	Date of Injury:	07/17/2013
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in Colorado. 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:

44 year old male with date of injury 7/17/2013 continues follow up with treating physician. Patient complains of neck pain, left shoulder pain, and left knee pain. Orthopedic evaluation, per the records, indicates tenderness at the neck, shoulder, and knee as well as the left wrist. Patient also has decreased range of motion in neck, shoulder and knee and weakness / evidence of neuropathy at wrist. Patient has had prior Physical Therapy without lasting improvement. The records supplied do not indicate medications or other therapies patient may have tried and failed. The treating physician requests a Functional Capacity Evaluation.

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 ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 461.

Decision rationale: The MTUS Guidelines do not address Functional Capacity Evaluations, so the ACOEM Guidelines were consulted. Per the ACOEM, a Functional Capacity Evaluation (FCE) is a comprehensive assessment, using performance-based tests to determine a person's

ability to work and to do activities of daily living. A Functional Capacity Evaluation (FCE) can be specific to a given job or can be a general assessment of ability to do any job. For the patient of concern, the records supplied do not indicate any specific reason an FCE is needed. The most recent evaluation, April 2014, indicates patient is not permanent and stationary, and requires further treatment. As there is no documentation indicating the purpose of FCE in this patient, and he appears to still be in treatment and still classified as temporarily totally disabled per the records, the Functional Capacity Evaluation is not medically necessary.