

Case Number:	CM14-0168312		
Date Assigned:	10/15/2014	Date of Injury:	06/28/2011
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old female who had a work injury dated 6/28/11. The patient worked as an animal tech. Her diagnoses include status post right and left trigger thumb release; rule out carpal tunnel syndrome bilateral hands; CMC joint arthrosis; DIP joint right long finger; bilateral lateral epicondylitis; low back pain; radiculitis left lower extremity; cervical strain and headaches, resolved; contusion right leg; bilateral plantar fasciitis; gastritis. Under consideration are requests for a functional capacity evaluation. There is a progress note dated 8/26/14 that states that the patient is complaining of ongoing neck and back pain in the morning. She gets numbness in her hands and shooting pain down the upper extremities. The physical examination showed tenderness in the paralumbar musculature and left gluteal region. Power in all motor groups in the lower extremity was 5/5. Reflexes were symmetrical. Heel walking was carried out without difficulty. Range of motion of the lumbar spine was normal, but with pain. There was a negative straight leg raising in the lower extremities. There was tenderness over the lateral epicondyle at the left elbow. At the right elbow there was tenderness over the lateral epicondyle as well. There was positive pain with resistant wrist flexion and with resisted long finger extension on the right side. There was tenderness at the A1 pulley of the right thumb. There was a positive grind test in the right thumb, which was mild. There was a positive Phalen's test. There was also positive tenderness over the plantar fascia and over the posterior tibial tendon in the leg.

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 ACOEM Page(s): 138.

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) Fitness For Duty- Functional capacity evaluation (FCE); Official Disability Guidelines (ODG) Cornerstones of Disability Prevention and Management page 91

Decision rationale: Functional Capacity Evaluation (FCE) is not medically necessary per the MTUS and ODG guidelines. The MTUS states that determining limitations is not really a medical issue. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. The ODG states that an FCE can be considered 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 modified job; injuries that require detailed exploration of a worker's abilities. The documentation is not clear on why the patient needs a FCE evaluation. The patient has full strength on physical exam and was neurologically intact. There are no documents with conflicting reporting on fitness for job duties. There is no evidence that the patient is actively participating in suitability of a job. The request for functional capacity evaluation (FCE) is not medically necessary.