

Case Number:	CM14-0182098		
Date Assigned:	11/06/2014	Date of Injury:	07/30/2014
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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:

According to the records made available for review, this is a 58-year-old male with a 7/30/14 date of injury. At the time (10/1/14) of request for authorization for Functional Capacity Evaluation, there is documentation of subjective (frequent, severe cervical spine pain, constant, severe bilateral shoulder pain, right elbow pain, right wrist and hand pain, right finger pain, left hand pain, bilateral ankles and feet pain, thoracic spine pain, lumbar spine pain radiating down the back of both legs, and bilateral hip pain) and objective (+3 spasm and tenderness to bilateral paraspinal muscles from C2-C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles, axial compression test, distraction test, and shoulder depression test positive bilaterally, triceps reflex decreased bilaterally, +3 spasm and tenderness to bilateral paraspinal muscles from T8-T12, +3 spasm and tenderness to bilateral lumbar paraspinal muscles from L1-S1 and multifidus, Kemp's positive bilaterally, straight leg raise positive bilaterally, Braggards positive on left, left Achilles reflex decreased, +3 spasm and tenderness to bilateral rotator cuff muscles and upper shoulder muscles, Codman's test positive bilaterally, Speeds test positive bilaterally, supraspinatus test positive bilaterally, +4 spasm and tenderness to bilateral gluteus medius muscles and piriformis muscles, Fabere's test positive bilaterally, Anvil test positive bilaterally, +3 spasm and tenderness to bilateral lateral malleoli, and valgus test positive bilaterally) findings, current diagnoses (cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, lumbar spondylosis without myelopathy, rotator cuff syndrome of bilateral shoulders, tendinitis/bursitis of the hips, and tendinitis, bursitis, capsulitis of the feet), and treatment to date (physical therapy, home exercise program, and medications (including ongoing treatment with topical compound mediations)). There is no documentation that case management is hampered by complex issues and timing is appropriate.

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 Treatment Guidelines Fitness For Duty (updated 09/23/14) Guidelines for performing an FCE (functional capacity evaluation)

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) Independent Medical Examinations and Consultations, page(s) 137-138 Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, lumbar spondylosis without myelopathy, rotator cuff syndrome of bilateral shoulders, tendinitis/bursitis of the hips, and tendinitis, bursitis, capsulitis of the feet. However, there is no documentation that case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation is not medically necessary.