

Case Number:	CM14-0182785		
Date Assigned:	11/07/2014	Date of Injury:	09/18/2012
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
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 Occupational Medicine and is licensed to practice in Montana. 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 has sustained cumulative trauma during the period of 8/6/11 2 8/6/12. He has ongoing complaints of cervical pain, left and right shoulder pain, hand pain and intermittent tingling in the hands. Electrodiagnostic testing in July 2014 demonstrated carpal tunnel syndrome. On 10/15/14 the primary treating physician requested a functional capacity evaluation and returned the injured worker to full duty. The medical documentation provided for review is extremely limited in this case.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 137-138

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), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138

Decision rationale: The ACOEM guidelines note that the examiner is responsible for determination of functional limitations and informing the injured worker and employer about work abilities and limitations. A functional capacity evaluation (FCE) may be requested to further evaluate current work capacity. Though functional capacity evaluations are widely used and promoted it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate examine/employer relationship for return to work. There is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individuals abilities. The FCE is probably influenced by multiple nonmedical factors other than physical impairment. For these reasons it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. In this case there is no evidence that work restrictions have been placed or that accurate determination of work restrictions is crucial for this injured employee. According to the utilization review, the injured worker was returned to work with no restrictions on 10/15/14. The request for Functional Capacity Evaluation is not medically necessary.