

Case Number:	CM14-0182803		
Date Assigned:	11/07/2014	Date of Injury:	08/15/2005
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral shoulder, bilateral elbow, and bilateral wrist pain reportedly associated with an industrial injury of August 15, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical compounds; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 30, 2014, the claims administrator denied a request for a Functional Capacity Evaluation. The applicant's attorney subsequently appealed. In an office visit dated October 14, 2014, the applicant was described as having ongoing complaints of neck and bilateral shoulder pain. The applicant was using Norco two to three times daily and topical ketoprofen cream, it was noted. Urine drug testing was endorsed. The applicant was described as already having retired at age 69. The applicant was asked to continue home exercises. A Functional Capacity Evaluation was sought, without any accompanying rationale. Functional capacity testing was also endorsed on an earlier note dated September 9, 2014 and August 5, 2014, at which point it was again noted that the applicant had previously retired.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic. Page(s): 125.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a Functional Capacity Evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant is off of work. The applicant has retired from his former employment. The applicant does not apparently have a job to return to, nor does it appear that the applicant is intent on returning to the workforce at age 69. It is not clear why the Functional Capacity Evaluation in question is being sought. While page 125 does establish a limited role for Functional Capacity Evaluation as a precursor to pursuit of work hardening program, in this case, however, there was/is no mention of the applicant's actively considering or contemplating any kind of work conditioning or work hardening program. It is not clear how (or if) the Functional Capacity Evaluation would influence or alter the treatment plan here. Therefore, the request is not medically necessary.