

Case Number:	CM14-0184589		
Date Assigned:	11/12/2014	Date of Injury:	02/10/2010
Decision Date:	12/15/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/05/2014

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 New Jersey. 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 worker is a 59 year old female who was injured on 2/10/2010 after falling. She was diagnosed with cervical strain, lumbar strain, right rotator cuff tear, right wrist strain, and bilateral hip strain. She was treated with acupuncture, shockwave therapy, and medications, but continued to experience chronic pain. A functional capacity evaluation took place on 7/30/2014. Later, on 10/28/14, a functional capacity evaluation was requested for approval by her orthopedic physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacities evaluation, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12; 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, there was a functional capacity evaluation completed a few months prior to this more recent request for a functional capacity evaluation. It is unclear if this is due to error or if there is a specific reason why the worker would need another FCE. Regardless, there was insufficient background information provided about the need for this assessment. Therefore, the FCE is not medically necessary.