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| Case Number: | CM14-0184738 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 04/08/2010 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/17/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 55 year old male who was injured on 4/8/2011. He was diagnosed with cervical disc disease, lumbar disc disease, lumbosacral radiculitis, right shoulder internal derangement, and left shoulder internal derangement. He was treated with oral and topical medications, TENS, and physical therapy. He also had a history of bilateral knee pain related to osteoarthritis. On 8/25/14, the worker was seen by his primary treating physician complaining of his lower back pain rated 4/10 on the pain scale and described as intermittent and mild. He reported taking tramadol and omeprazole as well as topical analgesics. Physical findings included tenderness to lumbar paraspinal muscles and right gluteal muscles, positive Kemp's test bilaterally, negative straight leg raise, normal strength, and decreased sensation along L5 dermatome on right. He was then recommended a functional capacity evaluation in order to "assess their current abilities and limitations." The worker was at the time designated as temporarily and totally disabled. No report on purposed work/job duties were included in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

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 insufficient information provided in order to follow through with a functional capacity evaluation. There was no report on the worker currently being involved with home exercises. No description of his work duties or specific goals was included in the request and documentation provided, which would is required. Therefore, the functional capacity evaluation is not medically necessary at this time.