

Case Number:	CM14-0025309		
Date Assigned:	06/13/2014	Date of Injury:	05/12/2010
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/27/2014

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 and 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:

The injured worker is a 57-year-old male with a reported date of injury on 05/12/2010. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include cervical disc syndrome; cervical disc disease; bilateral shoulder rotator cuff syndrome; right shoulder superior labral tear, anterior/poster; left shoulder superior labral tear, anterior/posterior; lumbar disc syndrome with leg sciatica; low back syndrome; lumbar spine spondylosis; lordosis; lumbar disc disease; status post left knee arthroscopy secondary to osteoarthritis and medial compartment syndrome; left knee osteoarthritis/degenerative joint disease; and bilateral lower extremity radiculitis. The previous treatments were noted to include physical therapy, medications, a back brace and cortisone injections. The progress note dated 11/25/2013 revealed that the injured worker complained of neck pain rated at an 8/10, bilateral shoulder pain rated at an 8/10, low back pain rated at an 8/10 that radiated into the bilateral legs with numbness and left knee pain rated at an 8/10. The injured worker received 2 cortisone injections to the right knee and 1 to the right shoulder. There was tenderness and spasm noted to the lumbar paraspinal musculature bilaterally. The range of motion was limited and painful. The range of motion to the lumbar spine was noted to be flexion to 30 degrees, extension to 50 degrees and right/left lateral flexion to 15 degrees. The range of motion to the knee joint was noted to be right/left flexion to 100/90 degrees and extension to 0 degrees. The orthopedic examination noted that the left patellofemoral grind test and crepitus were positive as well as the McMurray's. The lower extremity motor strength was noted to be 5/5. The progress note dated 01/13/2014 revealed that the injured worker complained of left knee pain rated at an 8/10. The physical examination revealed that range of motion was limited and painful upon left knee flexion and extension, and his range of motion with flexion was noted to be right/left 120/105 degrees. The injured worker was noted to have a positive McMurray's with internal rotation on the left, but negative on the

left patellofemoral grind test and crepitus were positive as well as the McMurray's. The request for authorization form dated 02/03/2014 was for a Functional Capacity Evaluation to evaluate the current clinical orthopedic status.

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 ACOEM Practice Guidelines, Chapter: Pain Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The injured worker has received previous physical therapy sessions. The Official Disability Guidelines recommend a Functional Capacity Evaluation prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job. The guidelines do not recommend FCEs for routine use, as part of an occupational rehab or screening or generic assessments in which the question is whether someone can do any type of jobs generally. Both job specific and comprehensive FCEs can be valuable tools in the clinical decision-making for the injured worker; however, an FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests, and more research is needed. A Functional Capacity Evaluation, as an objective resource for disability managers, is an invaluable tool in the return to work process. The guidelines for performing an FCE are that they are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The guidelines state to consider an FCE if case management is hampered by complex issues, such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for a modified job and injuries requiring detailed exploration of the worker's abilities. The guidelines state that timing is appropriate if the injured worker is close or at Maximum Medical Improvement and all key medical reports are secured and additional secondary conditions clarified. They also state not to 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. The provider indicated that the FCE was to determine orthopedic status, and there is not enough documentation regarding a return to work or requesting an admission to a work hardening program to necessitate an FCE. Therefore, the request is not medically necessary.