

Case Number:	CM14-0036181		
Date Assigned:	06/25/2014	Date of Injury:	01/23/2013
Decision Date:	07/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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, has a subspecialty in Pain Management, 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 patient is a 44-year-old female with a date of injury of January 23, 2012. According to progress report February 13, 2014 by [REDACTED], the patient presents with right hip, right shoulder, right hand/wrist, and bilateral knee pain. Due to patient's continued complaints and diagnoses, the treating physician requested a qualified functional capacity evaluation. The treater states, functional improvement measure evaluation is used as an assessment measure that can be used repeatedly over the course of treatment. Utilization review denied the request on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One qualified 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) Treatment index, 11 edition (web), 2013, Fitness for duty.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137 and 139, and the Chronic Pain

Medical Treatment Guidelines.

Decision rationale: This patient presents with right hip, right shoulder, right wrist and hand, and bilateral knee pain. The treating physician recommended a qualified functional capacity evaluation stating that "QFCE is used as an assessment measure that can be used repeatedly over the course of treatment." The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. FCEs are indicated if there is a specific or special need, and when it is requested by the claims adjuster or the employer. The treating physician appears to be asking for FCE for a routine evaluation which is not supported by the ACOEM. The request for one qualified functional capacity evaluation is not medically necessary or appropriate.