

Case Number:	CM14-0040356		
Date Assigned:	04/07/2014	Date of Injury:	10/03/2013
Decision Date:	04/16/2014	UR Denial Date:	03/11/2014
Priority:	Expedited	Application Received:	04/07/2014

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 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], [REDACTED], employee who has filed a claim for neck pain, low back pain, myofascial tender points, wrist pain, and shoulder pain reportedly associated with an industrial injury of October 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy and acupuncture; a back brace; electrodiagnostic testing of the bilateral upper extremities of January 14, 2014, interpreted as normal; and work restrictions. In a utilization review report of March 11, 2014, the claims administrator denied an urgent functional capacity evaluation. Chapter 7 of ACOEM Guidelines on FCE testing was cited. The applicant's attorney subsequently appealed. In a January 10, 2014, progress note, the applicant is described as presenting with neck pain, low back pain, and wrist pain, 6/10. The applicant has hyposensorium about the wrist with multiple myofascial tender points. Upper extremity strength ranges from 4/5 to 5/5. It is stated that the applicant is making slower progression than expected. A rather proscriptive 10-pound lifting limitation was endorsed, along with various treatments including acupuncture, physical therapy, aquatic therapy, work conditioning, chiropractic manipulation, a back brace, a wrist brace, and an FCE. An MRI of the wrist was sought. On November 19, 2013, the applicant was described as still being employed with [REDACTED]. On January 20, 2014, the applicant appears to have undergone some form of an FCE in the form of computerized range of motion and strength testing. The applicant did exhibit guarding throughout the evaluation, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, pages 132-139

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, functional capacity testing can be employed as a precursor to enrollment in a work hardening or work conditioning course. In this case, while the treating provider does state that the applicant was considering work conditioning, work conditioning or work hardening is not recommended in individuals in whom other potential treatments, including surgery and/or conventional physical therapy have not been completed. In this case, the applicant had not had an adequate trial of physical and/or occupational therapy before work hardening or work conditioning was considered. The applicant's work status was not clearly stated immediately prior to the request for authorization. If the applicant was already working at [REDACTED], this would effectively obviate the need for the FCE. It is further noted that the FCE was ultimately performed and did not provide clear results. It appeared that the applicant self-limited on the FCE owing to issues with pain and guarding. As noted in the Chapter 7 of ACOEM Guidelines on FCE testing, FCEs are overly used, widely promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the lack of clear characterization of the applicant's work status and the fact that the applicant was relatively recently removed from the date of injury at the time the FCE was sought do not make a compelling case for the same. Therefore, the request remains not certified, on independent medical review.