

Case Number:	CM14-0065414		
Date Assigned:	08/06/2014	Date of Injury:	11/03/2010
Decision Date:	10/01/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/08/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 69-year-old male with a reported date of injury on 11/03/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical spine musculoligamentous sprain/strain with radiculopathy, left rotator cuff tendinitis and impingement syndrome, right elbow medial epicondylitis, lumbar spine musculoligamentous sprain/strain with radiculopathy, localized disc osteoarthritis of the knee, right knee sprain, internal derangement and medial meniscus tear, left knee contusion, insomnia, adjustment reaction with depression and anxiety secondary to chronic pain and disability, and chronic pain and disability with delayed functional recovery. His previous treatments were noted to include physical therapy, chiropractic treatment, single point cane, cervical collar and braces, lumbar trigger point injections, and corticosteroid shots into the knees. A progress note dated 05/21/2014 revealed subjective complaints dated 08/23/2013 in regards to cervical and lumbar spine pain. The physical examination revealed paravertebral, upper trapezius, levator scapulae, rhomboids, and occipital muscles hypertonicity, spasm, tenderness, tight muscle bands and trigger points. Their tenderness was also evident over the spinous process from C4 to C7 levels and from L3 to S1 levels as well as over the coccyx, posterior iliac spine and sacroiliac joint. There was a positive straight leg raise bilaterally and a positive shoulder crossover and empty can test. The examination of the elbow showed positive bilateral Tinel's and tenderness over the left medial epicondyle. Examination of the knees revealed positive McMurray's and Apley's compression test on the right, as well as tenderness over the medial joint line. The neurological examination showed motor weakness of the left first toe extensor, reduced reflexes of the left knee and bilateral ankles, as well as diminished sensation along the left L5 dermatome. The ranges of motion of the cervical and lumbar spine, shoulders, and left knee are restricted. The Request for Authorization form was not submitted within the medical records. The request was

for a functional capacity evaluation to evaluate the injured worker's physical ability to perform his work related series of tasks.

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: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Fitness for Duty regarding FCE

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 already return to work with restrictions of no lifting, carrying, pulling, or pushing greater than 10 pounds. The Official Disability Guidelines recommend a FCE prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. Not recommended for routine use as part of an occupational rehab or screening, or general assessments in which the question is whether someone can do any type of job generally. The guidelines for performing an FCE 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 like to be successful. An FCE is not as effective when the referral was 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 report should be accessible to all return to work participants. Consider FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and fitness for a modified job, or injuries that required detailed exploration of warranted disabilities. Timing is appropriate such as at close or at maximum medical improvement/all key medical reports are secured or additional/secondary conditions are clarified. Do not proceed with an FCE if this whole purpose is to determine a worker's effort or compliance, or if the worker has re turned to work and an ergonomic assessment has not been arranged. There is a lack of documentation regarding the injured worker attempting admission to a work hardening program, and there is a lack of documentation regarding assessments tailored to a specific task or job for performing the FCE. Therefore, the request is not medically necessary.