

Case Number:	CM14-0075301		
Date Assigned:	07/16/2014	Date of Injury:	04/22/2014
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Interventional Spine, 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 40-year-old female with an injury date of 04/22/2014. According to the 05/01/2014 progress report, the patient presents with headaches, back pain, right hand pain, and left leg/knee pain. The patient ambulates with an antalgic gait favoring the left lower extremity. Her thoracic spine has tenderness to palpation, spasm, trigger points bilateral and a decreased range of motion. Her lumbar spine has tenderness to palpation, decreased range of motion, and a positive straight leg raise. Her right wrist has swelling, decreased range of motion, positive Phalen's test, and a decreased motor strength. The patient has a decreased sensation to light touch/pinprick over her right hand. Her left knee also has swelling, tenderness to palpation, decreased range of motion, and a positive Lachman's/McMurray's test. Her left ankle has tenderness to palpation anteriorly as well as a decreased range of motion. The patient's diagnoses include the following: 1. Thoracic musculoligamentous strain/sprain. 2. Lumbosacral muscular ligamentous strain/sprain. 3. Lumbosacral region contusion. 4. Right wrist sprain/strain. 5. Rule out right wrist internal derangement. 6. Rule out right wrist fracture. 7. Right wrist contusion. 8. Left knee sprain/strain. 9. Rule out left knee internal derangement. 10. Rule out left knee meniscal tear. 11. Left ankle strain/sprain. The treater is requesting for a Functional Capacity Evaluation once a week for 1 week. The utilization review determination being challenged is dated 05/15/2014. One treatment report was provided from 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation once a week for one week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations (pp132-139)ODG(The Official Disability Guidelines) Functional Capacity Evaluation and Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Functional Capacity Evaluation.

Decision rationale: Based on the 05/01/2014 progress report, the patient presents with headaches, back pain, right hand pain, and left leg/knee pain. The request is for a Functional Capacity Evaluation once a week for 1 week, and FCE is requested "to ensure this patient can safely meet the physical demands under occupation." MTUS does not discuss Functional Capacity Evaluations. The ACOEM states that the employer or claim administrator may request a functional ability evaluation if the physician feels the information from such testing is crucial. The ACOEM further states, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." As of 05/01/2014, the patient is able to work with restrictions of no forceful, strength activities with the right hand, wrist/hand, no repetitive squatting/kneeling, no repetitive bending/stooping, and no prolonged standing. The treater is already allowing the patient to return to work with modified work duties as stated before. The treater is concerned about whether or not the patient is able to handle the demands of the work. However, an FCE does not provide any additional meaningful information as the treater would expect. The ACOEM supports FCEs if asked by the administrator, employer or if it is deemed crucial. Per the ACOEM, there is lack of evidence that FCEs predict a patient's actual capacity. The treater's evaluation estimation is adequate. As such, the request is not medically necessary.