

Case Number:	CM14-0089572		
Date Assigned:	07/23/2014	Date of Injury:	02/11/2014
Decision Date:	10/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male who has submitted a claim for sprain of the cervical, thoracic, lumbar and bilateral shoulders associated with an industrial injury date of February 11, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain at thoracic spine rated 7/10, lumbar pain rated 9/10, bilateral shoulder pain rated 7/10, pain at cervical spine rated 6/10 and head at 5/10. The patient also had nausea. Physical examination revealed blood pressure of 2014/100, blurred vision, nausea, and tenderness at the lumbar spine. Treatment to date has included medications and physical therapy. Utilization review from May 29, 2014 denied the request for Functional Capacity Evaluation because there was no evidence of employer or claim administrator collaboration on need for functional capacity evaluation, documentation of job tasks to which the employee would return that would require outside simulation prior to trial of work and scientific evidence confirming that would functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

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 American College of Occupational and

Environmental Medicine, 2nd Edition, chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the notes indicate that the patient works with modification. There was no mention that there was any prior unsuccessful return to work attempts. It was also not indicated that the patient is close to maximum medical improvement. Therefore the request for Functional Capacity Evaluation is not medically necessary.