

Case Number:	CM14-0155101		
Date Assigned:	09/25/2014	Date of Injury:	03/14/2014
Decision Date:	09/11/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 3-14-14. The injured worker was diagnosed as having osteoarthritis of bilateral knees and hip, bicipital tenosynovitis, and bilateral shoulder osteoarthritis. Treatment to date has included TENS and medication. Currently, the injured worker complains of bilateral knee pain and bilateral shoulder pain. The treating physician requested authorization for 1 quantitative functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 QFCE (Quantitative 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, Fitness for Duty; Functional Capacity Evaluation for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance 2) the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker is diagnosed as having osteoarthritis of bilateral knees and hip, bicipital tenosynovitis, and bilateral shoulder osteoarthritis. Treatment to date has included TENS, physical therapy and medications. The available documentation states that the injured worker had a failed return to work around August of 2014 and is not currently working. However, there is no evidence that he has reached maximum medical treatment. It is also not noted what his specific job requirements are in this case. The request for 1 QFCE (Quantitative Functional Capacity Evaluation) is determined to not be medically necessary.