MAXIMUS Federal Services

Case Number:	CM14-0178531		
Date Assigned:	10/31/2014	Date of Injury:	07/17/2012
Decision Date:	02/24/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 69 year old employee with date of injury of 7/17/12. Medical records indicate the patient is undergoing treatment for s/p right carpal tunnel release; cervical musculoigamentous injury; cervical myofascitis, rule out cervical disc protrusion, right shoulder sprain and strain, right shoulder impingement syndrome, right elbow sprain and strain, right lateral epicondylitis, right wrist sprain and bilateral moderate carpal tunnel syndrome. Subjective complaints include severe neck pain which is stiff and achy. She has moderate shoulder pain and right elbow pain. Her wrist pain is described as tingling and weak with pain radiating to fingers with numbness and tingling. Objective findings include decreased sensation in the right upper extremity and motor strength is 5+/5 bilaterally. Her cervical ranges of motion are decreased with pain. She has tenderness and spasm to the cervical paravertebral muscles. Cervical compression and shoulder depression (bilaterally) causes pain. Neer's, Varns, Reverse Mills and Hawkin's causes pain. There is 3+ tenderness to palpation at both the lateral elbow and epicondyle. At the right wrists ranges of motion are painful and there is 3+ tenderness to palpation at the dorsal wrist. Treatment has consisted of acupuncture, 33 physical therapy visits, TENS unit, Tramadol, Naproxen and Prilosec. The utilization review determination was rendered on 10/1/14 recommending non-certification of a functional capacity evaluation.

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 ACOEM Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (PP 132-139) regarding functional capacity evaluationsODG Fitness for Duty (updated 09/23/14) regarding Functional capacity evaluation (FCE) Guidelines for performing FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21,Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a functional capacity evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding functional capacity evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more general and not advised by guidelines. ODG further states, 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. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines, return to work details, and if the patient is at or near MMI. As such, the request for a functional capacity evaluation is not medically necessary at this time.