

Case Number:	CM14-0188130		
Date Assigned:	11/18/2014	Date of Injury:	09/08/2014
Decision Date:	01/07/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 53 year old male who was injured on 9/8/2014, when he was experiencing chest pain and right extremity discomfort/weakness as well as shortness of breath and inability to speak coherently. He initially went to the ER where he had a full workup for his atypical chest pain. CT and MRI of the head was completed revealing an old infarct on the left. He was sent home with the conclusion that his symptoms were likely work stress-related but also possibly a transient ischemic attack, and there was still concern for his future stroke risk. He was diagnosed with anxiety and acute stress reaction. He was referred to a psychologist and a neurologist, and returned to work full time. He continued to experience some right hand weakness. On 10/22/14, the worker was seen for his first occupational medicine evaluation reporting continual to experience stress from work related to being overworked and understaffed. He also reported bilateral knee pain, stomach pain, acid reflux, frequent slight headaches, occasional blunting of vision, occasional tinnitus, shaking/tingling/numbness of the right hand, shaking of the right leg, and shortness of breath. Physical examination revealed severe weakness of the right arm and hand, positive Phalen's bilateral wrists, positive Finkelstein's test bilateral wrists, tingling over medial aspect of bilateral thighs and below bilateral heels, positive McMurray's test, positive Apley's test. He was then recommended acupuncture, functional capacity evaluation, referral to an internist, neurologist, psychiatrist/psychologist and cardiologist, use a cane, and use an interferential unit.

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, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139, ODG Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, it is not clear how much the injury (likely transient ischemic attack) was related to his work stress, although it may have been a catalyst for his attack. The request for a functional capacity evaluation after the worker has returned to work and before treatment had begun, seems inappropriate and premature. There was no report of his limitations at work, which would also be required. Therefore, the FCE is not medically necessary.