

Case Number:	CM14-0188183		
Date Assigned:	11/18/2014	Date of Injury:	06/05/2012
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
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 Internal Medicine, has a subspecialty in Nephrology 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 31-year-old female who has submitted a claim for cervicalgia, cervical disc displacement and cervical radiculitis associated with an industrial injury date of 6/5/2012. Medical records from 2007 to 2014 were reviewed. The patient complained of neck pain aggravated by repetitive motions, pushing, pulling, lifting and reaching overhead. The pain radiated to bilateral upper extremities rated 8/10 in severity described as sharp. Physical examination of the cervical spine showed tenderness, positive axial loading compression test, positive Spurling's maneuver, limited motion, dysesthesia at C6 dermatomes and normal strength. A progress report from 8/9/2012 cited that she worked as a security assistant. She was responsible for screening weapons and assisting security officers at a courthouse. Her job required her to perform bending, kneeling, squatting, reaching, working, gripping, grasping, pushing, pulling, twisting, standing and walking. Treatment to date has included right elbow medial epicondylectomy, cubital tunnel decompression and lateral epicondylar decompression, physical therapy and medications. The utilization review from 10/14/2014 denied the request for functional capacity evaluation because the patient was already deemed permanent and stationary with permanent work restriction recommendations by panel qualified medical 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 Official Disability Guidelines (ODG)

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 Section, Functional Capacity Evaluation

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. 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. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, progress report from 8/9/2012 cited that the patient worked as a security assistant. She was responsible for screening weapons and assisting security officers at a courthouse. Her job required her to perform bending, kneeling, squatting, reaching, working, gripping, grasping, pushing, pulling, twisting, standing and walking. The patient complained of persistent neck pain aggravated by repetitive motions, pushing, pulling, lifting and reaching overhead. Her symptoms persisted despite surgery, physical therapy and medications. The present request is for a functional capacity evaluation. However, the patient is already deemed permanent and stationary. Moreover, it is unclear if the patient is currently working. There is no recent job specific description submitted which is recommended by the guidelines. There is no documented indication for this request; hence, the medical necessity is not established at this time. Therefore, the request for functional capacity evaluation is not medically necessary.