

Case Number:	CM14-0189599		
Date Assigned:	11/20/2014	Date of Injury:	10/13/2010
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old employee with date of injury 10/13/10. Medical records indicate the patient is undergoing treatment for cervical spine disc disease with radiculopathy, lumbar facet syndrome with radiculitis, s/p lumbar fusion, s/p hardware removal lumbar spine, left shoulder pain with radicular symptoms, s/p left shoulder arthroscopy, depression and anxiety and sleep disturbance. Subjective complaints include constant and severe (at times) lower back pain with numbness and tingling down left leg to calf, achy pain and weakness bilateral legs; left shoulder pain radiating into the arm and hand; neck pain and stiffness; anxiety and sleep disturbance related to pain. Objective complaints include significant left upper extremity pain, cervical spine tenderness on left radiating from neck to top of the shoulders, moderate facet tenderness L4 -S1 with sacroiliac tenderness bilaterally on exam. Positive tests include straight leg raise bilaterally, Fabres/Patrick, SI thrust, Yeoman's, Kemp's, and Farfan. Demonstrates decreased ROM lumbar spine; underwent a Sudomotor function assessment suggestive of possible advanced peripheral autonomic neuropathy. Treatment has consisted of left shoulder arthroscopy, laminectomy lumbar spine, hardware removal surgery, physical therapy, work hardening program, home exercise program and pain management for lumbar spine injection. Medications include Ibuprofen, Gabapentin, Norflex, Norco, Dendracin topical, Icy Hot patches and Pantoprazole. Patient has been on temporary total disability since approximately 10/13/10. The utilization review determination was rendered on 10/24/14 recommending non-certification of Decision for 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty Chapter, Functional capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physicians clearly outline that the patient's limitations currently are "temporary total disabled" and make no indication that additional delineation of the patient's capabilities are necessary to determine return to work. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program.", "An FCE is time-consuming and cannot be recommended as a routine evaluation.", "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." The medical documents provided indicate that this patient has been on total disability since 10/2010, there is no documentation to suggest this patient has had unsuccessful attempts to return to work. Furthermore, the treating physician has failed to provide adequate information related to the rationale and the goal for the functional capacity exam, such as the type of work this employee will be performing. As such, the request for Functional Capacity Evaluation is not medically necessary.