

Case Number:	CM14-0190552		
Date Assigned:	11/24/2014	Date of Injury:	04/04/2012
Decision Date:	01/09/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

This 25-year-old female was a labeler when she sustained an injury on April 4, 2012. The injured worker was standing under a metal cloth trolley when it fell onto her head and neck. The injured worker reported immediate head and neck pain along with feeling faint. Prior treatment included oral anti-inflammatory, proton pump inhibitor, and pain medications. The medical records refer to a prior course of acupuncture and an MRI of the brain being recommended by the physician, but do not provide specific dates of service or results. The injured worker's work status was full duty with no restrictions. On September 17, 2014, the primary treating physician noted the injured worker complained about headaches, but denied any major complaints. The physical exam revealed mildly decreased range of motion of the neck. Diagnoses included occipital neuralgia, post-concussion headaches, and cervical spine pain. The physician noted that he was waiting to review a pending neurological evaluation report, which had been done due to the injured worker's persistent headaches. The physician recommended a functional capacity evaluation for the injured worker's cervical spine that is under review on September 17, 2014. Work status remains as full duty. On October 18, 2014 Utilization Review non-certified a request for 1 functional capacity evaluation. The functional capacity evaluation was non-certified based on the injured worker's work status was full duty without restrictions. The Utilization Review noted there was lack of documentation of functional deficits, difficulties arising from the injured worker's return to work or that the injured worker was close to or at maximum medical improvement. The Official Disability Guidelines (ODG) for Functional Capacity Evaluation (FCE) was cited.

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, Fitness for Duty

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: According to 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. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, the Official Disability Guidelines criteria for FCE include prior unsuccessful return-to-work attempt and when the patient is close to or at maximum medical improvement. In this case, there was no discussion regarding the indication for a functional capacity evaluation and whether this will be crucial to the management of the patient. It is unclear if the patient has failed return-to-work attempts. Her current work status is likewise unknown. The medical necessity cannot be established due to insufficient information. Therefore, the request for functional capacity evaluation is not medically necessary.