

Case Number:	CM14-0190676		
Date Assigned:	11/24/2014	Date of Injury:	06/20/2009
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
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 Internal 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:

The injured worker (IW) is a 38-year-old woman with a date of injury of June 20, 2009. The mechanism of injury was documented as a cumulative trauma. A request for right shoulder arthroscopy had previously been requested, and authorization is pending. The IW is also awaiting authorization for an epidural steroid injection at level L5-S1. The IW has been diagnosed with lumbosacral radiculopathy, and shoulder sprain/strain. Pursuant to the progress report dated September 24, 2014, the IW presented with complaints of pain at multiple parts of the body. She reports that she is pregnant. On examination, spasms and tenderness in the paravertebral of the lumbar spine were noted with decreased range of motion on flexion and extension. There was decreased sensation over the L5-S1 dermatomes bilaterally. The provider documents that considering the current condition; he will stop all medications and formally request a Functional Capacity Evaluation. He states that all treatments will be on hold until the successful resolution of the pregnancy. The injured worker's work status will remain unchanged, which is modified work duties. The IW is scheduled to follow-up in 8 weeks.

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 Independent Medical Examinations and

Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 132-139

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 137-138

Decision rationale: Pursuant to the ACOEM practice guidelines, a functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinee's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The injured worker was diagnosed with lumbosacral radiculopathy and shoulder sprain/strain. An agreed medical evaluation dated July 23, 2013 documented the worker was permanent and stationary (as to disability). According to the record, the injured worker was on modified duty and receiving conservative treatment. The documentation indicated the injured worker became pregnant, all medications were stopped and a functional capacity evaluation would be undertaken. The documentation did not indicate whether work restrictions were based on limited capacity, risk of harm or subjective examinees capacity for the work activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Consequently, a functional capacity evaluation is not medically necessary.