

Case Number:	CM14-0192063		
Date Assigned:	11/25/2014	Date of Injury:	02/22/2013
Decision Date:	01/12/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old male with an injury date of 02/22/13. Based on the 07/23/14 progress report, the patient complains of pain and has a decreased range of motion in the following areas: neck, bilateral hands/wrists, low back, and right foot/ankle. He has stress, anxiety, and depression. Physical examination of the cervical spine reveals tenderness to palpation over the left C6-7, left upper trapezius, left levator scapula, and left rhomboid. In regards to the lumbar spine, there is tenderness to palpation over the left L5-S1. The patient has tenderness to palpation over the peroneal tendon posterior to the lateral malleolus of the right foot/ankle. He ambulates with an antalgic gait on the right. The 08/20/14 report indicates that the patient's wrists are feeling better. However, he continues to have constant low back and right ankle pain. The 10/06/14 report states that the patient has ongoing bilateral shoulder pain in addition to the low back and bilateral ankle/feet pain. His bilateral ankle/feet pain radiates to all toes of the bilateral feet. The patient is temporary totally disabled until 10/28/14. On 02/22/13, the patient had a left frontal temporal craniotomy with evacuation of hematoma and bilateral canthoplasty. The patient's diagnoses include the following: Blunt head trauma secondary to motor vehicle accident with residual post-concussion Head, bilateral orbital roof fractures Head left frontal lobe supraorbital hematoma Head, occipital scalp laceration repair, 8 cm midline forehead Head, status post left frontal temporal craniotomy with evacuation of hematoma Left eye, left side hemorrhage and optic nerve contusion Cervical spine prevertebral soft tissue swelling at C1 and C2 without acute fractures per CT scan Left/right wrist carpal tunnel syndrome per EMG (date of EMG not provided) Left wrist triangular fibrocartilage complex tear plus partial tear of the scapholunate ligament per MRI with arthrogram Right hand middle finger mallet finger deformity secondary to non-union of a fracture involving the basal dorsal lip of the distal phalanx Lumbar spine

sprain/strainRight ankle sprain/strain involving anterior talofibular ligament and peroneal tendonsRight ankle, prominent bone bruise in the inferior anterior tibia, per MRI 07/11/14Stress, anxiety, and depressionThe utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 03/29/14- 11/05/14.

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 (American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, page(s) 132-139 and the Official Disability Guidelines (ODG), Fitness for Duty (updated 09/23/2014) Functional Capacity Evaluations (FCE)

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, Functional Capacity Evaluation

Decision rationale: According to the 10/06/14 report, the patient presents with ongoing bilateral shoulder pain, low back pain, and bilateral ankle/feet pain. The request is for a Functional Capacity Evaluation. It is unclear if the patient is currently working. MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." There is no discussion provided on the patient's work status and it is unknown if the request was from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the treater does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The request for Functional Capacity Evaluation is not medically necessary.