

Case Number:	CM14-0192359		
Date Assigned:	11/26/2014	Date of Injury:	05/06/2013
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
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 Family Medicine and is licensed to practice in Texas and 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 is a 46 years old male patient who sustained an injury on 5/6/2013. He sustained the injury while sitting on side of road; he was side wiped/hit by a dump truck. The current diagnoses include cervicobrachial syndrome, cervicalradiculitis, right shoulder impingement tendonitis, internal derangement of the right knee and sacroiliac strain. Per the acupuncture note dated 10/15/14, he had complaints of pain over the neck with radiation to the right upper extremity with tingling and numbness, right shoulder pain; upper and lower back pain and right knee pain. The physical examination revealed tenderness over the neck, right shoulder, upper and lower back, right upper extremity and right knee. Per the doctor's note dated 10/1/2014, he had complaints of low back pain and neck pain with radiation to the right shoulder, forearm, wrist and fingers. The physical examination revealed moderate distress, limited cervical range of motion; lumbar range of motion- flexion 60, extension 10 and right/left rotation 20 degrees; paresthesias in digits 1, 2, and 3 on the right and digits 1 and 2 on the left upper extremity; paresthesias on the lateral aspect of the right leg, 4- to 4+/5 strength in bilateral upper extremities; positive Spurling test on the right side, positive Hawkin and speed test on the right shoulder, positive SI joint compression test and positive patella compression test bilaterally. The medications list includes Lyrica, Norco and cyclobenzaprine. He has had MRI right knee dated 7/25/2013 which revealed posteromedial bursitis and capsulitis but no medial meniscal tear, extensor mechanism tendinosis, small areas of cartilage wear inner aspect of the medial femoral condyle and in the central femoral trochlea; electro diagnostic study dated 5/29/2014 which revealed left C5-C6 radiculopathy. He has had acupuncture therapy, physical therapy and H-wave for this injury. He has had a urine drug screen on 6/12/14.

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: Decision based on MTUS ACOEM Page(s): 137-138.

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:7Independent Medical Examinations and Consultations, Page-137-138 Official Disability Guidelines (ODG); Chapter: Fitness for Duty(updated 09/23/14) Functional capacity evaluation (FCE)

Decision rationale: Per the cited guidelines, "There is little scientific evidence confirming that Functional Capacity Evaluation (FCEs) predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions..." Per the cited guidelines above "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. 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. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as:- Prior unsuccessful return to work (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. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of the functional capacity evaluation is not fully established for this patient at this juncture.