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| Case Number: | CM14-0199205 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 07/10/2013 |
| Decision Date: | 01/27/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Physical Medicine Rehab, 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 55 year old female with an injury date of 07/10/13. Based on the 06/20/14 Qualified Medical Evaluation, the patient complains of pain in her neck which she describes as being aching. She rates her pain as an 8/10 and also has pain in both hands which she describes as a burning sensation. She has weakness in both hands and has difficulty opening jars. There is tenderness to palpation of the cervical spine and bilateral paraspinal regions. In regards to the bilateral hands/wrists, there is tenderness to palpation of the base of the first metacarpal on the right hand. The patient's diagnoses include the following: 1.Cervical spine sprain/strain 2.Possible cervical disc herniation 3.Possible cervical radiculopathy 4.Possible primary upper extremity problems. The utilization review determination being challenged is dated 11/13/14. There was on report provided from 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations

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) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with pain in her neck and pain/weakness in both her hands. The request is for a Functional Capacity Evaluation for the Cervical Spine. The report with the request was not provided. MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines Chapter 7 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." The 06/20/14 report states that the patient is "currently working full duties as a clerk at Albertsons. She states that she was working with modified duties for approximately six months. Her job duties include various tasks such as making sandwiches for the deli at the supermarket including cutting meat." The treater states "in my opinion, the patient is capable of working; however, I would recommend restrictions of no lifting greater than 25 pounds, and no repetitive overhead activities with the upper extremities. In this case, the report with the request was not provided 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 requested Functional Capacity Evaluation is not medically necessary.