

Case Number:	CM14-0201498		
Date Assigned:	12/11/2014	Date of Injury:	12/14/2010
Decision Date:	01/30/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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 is a 52 year old female who suffered an industrial related injury on 12/14/10. A physician's report dated 4/23/14 noted the injured worker had complaints of left shoulder pain, left wrist and hand pain, numbness of the left thumb, cervical spine pain, and left knee pain. Diagnoses included bilateral carpal tunnel syndrome, left knee medial meniscus tear, cervical spondylosis, bursitis of the left knee, bursitis and tendinitis of the left shoulder, and tendinitis/bursitis of the left wrist. A physician's report dated 10/8/14 noted objective findings of spasms and tenderness to the bilateral paraspinal muscles from C4-C7 and bilateral suboccipital muscles and left upper shoulder muscles. An axial compression test was positive bilaterally for neurological compromise. A distraction test was positive bilaterally and a shoulder depression test was positive on the left. Spasm and tenderness was noted to the left rotator cuff muscles and left upper shoulder muscles. Speeds test was positive on the left and a supraspinatus test was positive on the left. Spasm and tenderness was noted to the left anterior wrist. Tinel's test was positive on the right. Bracelet and Phalen's tests were positive on the right. Spasm and tenderness were noted to the left anterior joint line, left prepatellar tendon, and left vastus medialis. Valgus test, Drawer test, and McMurray's test were positive on the left. On 10/29/14 the utilization review (UR) physician denied the request for a qualified functional capacity evaluation. The UR physician noted there was no indication that the injured worker was at maximum medical improvement. There was no documentation available to establish the medical necessity for this diagnostic exam as an outlier to the Medical Treatment Utilization Schedule Chronic Pain guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 1 Pages 12 & Chapter 7, Pages 137-138. Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The CA MTUS does not specifically address functional capacity evaluations. Other well-established guidelines include ACOEM and ODG. ACOEM Chapter 7 Functional Capacity Evaluation states on pages 137-138: "The employer or claim administrator may request functional ability evaluations, also known as Functional Capacity Evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though Functional Capacity Evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations." The Official Disability Guidelines specify the following "Guidelines for performing an FCE: 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: a) Prior unsuccessful RTW attempts, b) Conflicting medical reporting on precautions and/or fitness for modified job, c) Injuries that require detailed exploration of a worker's abilities, 2) Timing is appropriate: a) Close or at MMI/all key medical reports secured, b) Additional/secondary conditions clarified. Do not proceed with an FCE if, A) The sole purpose is to determine a worker's effort or compliance, and B) The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003)"In the case of this injured worker, there is documentation that the requesting provider feels a functional capacity evaluation is beneficial according the treatment section of a progress note dated 6/4/2014. The patient has tried acupuncture, physical therapy, and pain medications in the past. However, there is a lack of discussion of any return to work attempts or even physical descriptors of the worker's previous employment. Due to a lack of documentation, the request for FCE is not medically necessary.