MAXIMUS Federal Services

Case Number:	CM15-0009336		
Date Assigned:	01/27/2015	Date of Injury:	05/09/2002
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 61 year old female who suffered a work related injury on 05/09/02. Per the physician notes from 11/24/14, she complains of pain rated at 3/10. She is seeing a pain management physician, and is scheduled for an ESI on 12/08/14. She was recommended for a final Functional Capacity Evaluation. On 12/18/14, the Claims Administrator non-certified the final Functional Capacity Evaluation, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, pages 137-8.

Decision rationale: Pursuant to the ACOEM, a final 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 the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to 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. In this case, the injured worker's working diagnoses are right shoulder internal derangement; status post partial rotator cuff tear; status post C4-C7 ACDF with residuals; left shoulder sprain/strain, status post surgery with residuals; left lateral epicondylitis; triceps tendinitis; bilateral wrist sprain/strain with tenosynovitis; bilateral CTS; sleep disorder due to pain; and gastritis and GERD due to chronic NSAID use. Subjectively, the injured worker complains of cervical pain. She had a second cervical epidural steroid injection scheduled for December 8, 2014 with a pain management provider. She declined additional surgery and agrees to injections only. Objectively, the injured worker has difficulty standing from a sitting position. Gait is normal. There are no other objective findings documented. Medications are not listed. The treating physician indicated a final functional capacity evaluation is necessary because the patient will be determined to be permanent and stationary at the next visit. There is no other documentation regarding an attempt to return to work. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Currently, the injured worker is not working and work restrictions are not provided. It is unclear from the documentation whether the employer can accommodate any work restrictions. Consequently, absent clinical documentation with an indication of an attempt to return to work, a final functional capacity evaluation is not medically necessary.