

Case Number:	CM15-0106298		
Date Assigned:	06/10/2015	Date of Injury:	04/16/2015
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 04/16/15. Initial complaints include right knee and shoulder pain. Initial diagnoses include right groin, bilateral shoulder sprain/strain, right knee sprain strain and inguinal sprain/strain. Treatments to date include medications, heat and cold. Diagnostic studies are not addressed. Current complaints include right groin, right knee, and bilateral shoulder pain. Current diagnoses include right knee sprain/strain, inguinal sprain/strain, and bilateral shoulder sprain/strain. In a progress note dated 05/05/15, the treating provider reports the plan of care as physical therapy and medications including acetaminophen and nabumetone. The requested treatment is a functional capacity evaluation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with pain in right groin, right knee, and bilateral shoulders, as per progress report dated 05/05/15. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA for the case is dated 04/29/15, and the patient's date of injury is 04/16/15. Diagnoses, as per progress report dated 05/05/15, included right knee/leg sprain/strain, inguinal sprain/strain, and bilateral shoulder sprain/strain. Medications included Nabumetone and Acetaminophen. The patient is working on modified duty, as per the same progress report. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations, may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient is receiving significant care in form of physical therapy, medications and acupuncture and has been allowed to return to modified duty, as per progress report dated 05/12/15 after the UR denial date. In progress report dated 05/05/15, the patient "denies any lost work-time as a result of this injury." Progress reports do not mention a request from the employer or claims administrator, and the treater does not discuss the purpose of this request. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. Hence, the request IS NOT medically necessary.