

Case Number:	CM15-0107166		
Date Assigned:	06/11/2015	Date of Injury:	05/01/2013
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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 43-year-old female, with a reported date of injury of 05/01/2013. The diagnoses include right shoulder impingement syndrome and lumbar spine strain with disc herniation. Treatments to date have included x-rays of the right shoulder and humerus which showed spurring on the undersurface of the acromion; x-rays of the lumbar spine and thoracic spine which showed persistent loss of lumbar lordosis; electrodiagnostic studies of the lower extremities; an MRI of the lumbar spine which showed evidence of a disc herniation at the L5-S1 level; and oral medications. The re-examination report dated 05/13/2015 indicates that the injured worker was doing better, with decreasing pain about her right shoulder and low back. It was noted that she was now approaching maximum medical improvement. The physical examination showed that the injured worker was in mild distress and she had tenderness about her right shoulder and lumbar spine. The treating physician felt that it was necessary that the injured worker undergo a functional capacity evaluation to assess her level of impairment and to determine any necessary work restrictions in order to prevent further injury at the work place in the future. The treating physician requested 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Independent Medical Examinations and Consultations Chapter, and Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, 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. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are impingement syndrome of the right shoulder; and lumbosacral spine strain with disc herniation. The progress note dated May 13, 2015 shows the injured worker has no substantial complaints. The injured worker has decreasing pain about the right shoulder and low back and is approaching maximal medical improvement. Physical examination is notable for tenderness about the right shoulder and lumbar spine. There are no other objective findings noted in the medical record. The treating provider's rationale for the functional capacity evaluation was to assess the level of impairment. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. There are no unsuccessful return to work attempts. 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. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, functional capacity evaluation is not medically necessary.