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| Case Number: | CM15-0108247 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 06/25/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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 42-year-old female, with a reported date of injury of 06/25/2014. The diagnoses include cervical degenerative disc disease, right shoulder rotator cuff tear, status post right shoulder arthroscopy, right arm/wrist tenosynovitis, lumbosacral sprain, multilevel lumbar discopathy, knee chondromalacia, status post right shoulder rotator cuff repair, and left shoulder pain. Treatments to date have included an MRI of the cervical spine on 11/17/2014, and acupuncture. The progress report dated 05/08/2015 indicates that the injured worker cervicothoracic pain. She stated that she had tremendous amount of difficulty with working full duty. At her previous visit, the pain was rated 6 out of 10 in intensity, and on the day of the visit, she reported her pain 8 out of 10. The injured worker stated that the pain occasionally rated into her left hand. The objective findings include tenderness throughout the cervical paravertebral musculature, marked spasm within the substance of the trapezius on the left side, multiple palpable tender nodules about the left periscapular musculature, reduced cervical range of motion, tenderness to palpation throughout the lumbar paravertebral musculature, and tenderness to palpation in the bilateral greater sciatic notch. The treating physician requested a functional capacity evaluation to evaluate the injured worker's limitations.

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 Official Disability Guidelines (ODG), Fitness for duty - Functional capacity evaluation.

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 Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents on 05/08/15 with cervicothoracic pain rated 8/10, which occasionally radiates into the left hand. The patient's date of injury is 06/25/14. Patient is status post right shoulder arthroscopy at a date not specified. The request is for Functional Capacity Evaluation. The RFA was not provided. Physical examination dated 05/08/14 reveals marked spasm and tenderness to palpation of the cervical paraspinal muscles and trapezius muscles, with multiple palpable tender nodules noted in the left parascapular muscles. Cervical range of motion 50 percent reduced on extension, bilateral bending is limited to 10 degrees. Lumbar spine examination reveals tenderness to palpation of the lumbar paraspinal muscles and bilateral greater sciatic notches. Neurological examination of the bilateral upper and lower extremities is otherwise unremarkable. The patient's current medication regimen is not provided. Diagnostic imaging included radiology reports from an ER visit dated 07/03/14 of the left ankle and left hip, indicating soft tissue injuries to both without evidence of fracture. MRI of the lumbar spine dated 09/03/14 was also included, with no significant findings. MRI of the cervical spine dated 11/17/14 was also provided, significant findings include: "Degenerative disc disease at C2-C3 through C6-7, with disc protrusions. Posterior annular fissure at C5-C6. No significant neural foraminal narrowing." Patient is currently working with modifications. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 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. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness for Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states:"Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an exam. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via an FCE. Therefore, the request is not medically necessary.