

Case Number:	CM15-0132330		
Date Assigned:	07/20/2015	Date of Injury:	07/16/2004
Decision Date:	08/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female who sustained a work related injury July 16, 2004. After finishing her shift as a janitor, she noticed tingling and numbness in her hands, followed by severe pain in her hands, wrist and neck. Past history included carpal tunnel release surgery, both hands. Electro diagnostic studies performed April 2, 2015, (report present in the medical record) were documented as normal. A chiropractic notation, dated May 7, 2015, found the injured worker complaining of severe pain in the right and left side of the neck, upper, mid and lower back left and right side, right and left shoulder, right and left hand, right and left knee, right and left elbow. He documents she is slowly improving with rehab, therapeutic exercises. A primary treating physician's initial consultation report, dated January 29, 2015, finds the injured worker presenting with pain as stated above. Diagnoses are cervical, thoracic, lumbar radiculopathy; bilateral shoulder tendinitis; bilateral medial and lateral epicondylitis; bilateral ulnar injury; bilateral carpal tunnel syndrome; bilateral knee sprain rule out internal derangement; anxiety. A fourteen-page medical-legal physical performance FCE (functional capacity evaluation) report, dated June 10, 2015, is present in the medical record. At issue, is a request for authorization for a physical performance Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Physical performance Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12, p50.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for chronic neck, back, and bilateral shoulder, elbow, hand, and knee pain. In January 2015, functional capacity evaluations were planned at baseline and every 6-8 weeks with a final functional capacity evaluation to determine the claimant's future work capacity and establish an appropriate rehabilitation plan. When seen, there were tenderness and muscle spasms. Range of motion had improved. A Functional Capacity Evaluation is an option for a patient with chronic stable low back pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant was not considered at maximum medical improvement, there was no return to work plan, and the claimant had been out of work for many years. The request was not medically necessary.