

Case Number:	CM15-0162804		
Date Assigned:	08/31/2015	Date of Injury:	12/08/2008
Decision Date:	10/05/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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 63-year-old male who sustained an industrial injury on 12-08-2008. The injured worker was diagnosed with lumbar spine degenerative disc disease, lumbar spondylolisthesis with right lower extremity radiculitis, bilateral degenerative joint disease of the knees and left rotator cuff tear and osteoarthritis. The injured worker has a medical history of diabetes mellitus and hypertension. No surgical interventions were documented. Treatment to date has included diagnostic testing with recent radiographic reports of the knees and left shoulder in May 2015, chiropractic therapy, acupuncture therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit, ambulatory devices and medications. According to the primary treating physician's progress report on July 20, 2015, the injured worker continues to experience low back pain with radiation to the posterior thighs associated with numbness and tingling rated at 6 out of 10 on the pain scale. The injured worker also reported bilateral knee pain rated at 7 out of 10 and left shoulder pain rated at 8 out of 10 on the pain scale. The injured worker was slowly improving with chiropractic therapy. Examination demonstrated an antalgic gait with the use of a cane. There was guarding of the left upper extremity. Current medications were listed as Ibuprofen and topical analgesics. Treatment plan consists of referral to orthopedic surgeon, continuing with chiropractic therapy, return to modified work duties with restrictions and the current request for a retrospective request (DOS: 06-16-15) for Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (06/16/15): Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 48-49, 181-185, 308-310.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The patient presents with lumbar spine pain radiating to bilateral lower extremities posterior thighs with positive numbness and tingling to bilateral legs. Bilateral knee pain and left shoulder pain. The request is for RETROSPECTIVE (06/16/15): FUNCTIONAL CAPACITY EVALUATION. The request for authorization is not provided. MRI of the right knee, 05/01/15, shows knee osteoarthritis. MRI of the left knee, 05/01/15, shows knee osteoarthritis; calcifications at the posterior soft tissues of the distal femur, which may reflect vascular calcifications. MRI of the left shoulder, 05/01/15, shows glenohumeral osteoarthritis; spotty osteopenia, proximal humerus; atherosclerotic aortic knob. Physical examination reveals patient exhibits difficulty with rising and sitting. Guarding of the left arm. Gait is antalgic. Patient moves about with stiffness and protectively. Patient uses cane for ambulation. Patient has completed 4 acupuncture treatments, 6 chiropractic treatments, and 15 physical therapy treatments, which all helped. Home exercise program also helpful in reducing pain and improving function. Patient's medications include Ibuprofen and FMCC Cream. Per progress report dated 07/20/15, the patient is returned to modified work. 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." Treater does not discuss the request. In this case, the patient has undergone conservative treatment in the form of medications, physical therapy, chiropractic and acupuncture treatments, but continues to have pain. However, provided progress reports do not mention a request for a Functional Capacity Evaluation from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Furthermore, routine Functional Capacity Evaluation is not supported by ACOEM. Therefore, the request WAS NOT medically necessary.