

Case Number:	CM15-0167008		
Date Assigned:	09/04/2015	Date of Injury:	10/17/2005
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Texas

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 63 year old female, who sustained an industrial injury on October 17, 2005. The injured worker reported a twisting injury to the musculoskeletal system causing persistent pain. The injured worker was diagnosed as having disc herniation at cervical five to six, impingement syndrome to the bilateral shoulders with recurrent rotator cuff tearing of the right shoulder, status post right shoulder surgery times two, lateral epicondylitis of the bilateral elbows, triangular fibrocartilage tear of the right wrist, radiocarpal osteoarthritis of the left wrist with dissociation of the scapholunate joint, lumbosacral spine strain with disc herniation at lumbar five to sacral one, medial meniscus tears of the bilateral knees, status post arthroscopy of the right knee, and talonavicular arthritis of the bilateral ankles with instability. Treatment and diagnostic studies to date has included laboratory studies, x-rays of the cervical spine, x-rays of the bilateral shoulders, x-rays of the bilateral hands, x-rays of the bilateral knees, x-rays of the bilateral feet and ankles, and medication regimen. In a progress note dated July 15, 2015 the treating physician reports complaints of pain to the bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, bilateral ankles, and low back. Examination reveals generalized tenderness to the musculoskeletal system. The treating physician noted x-rays of unknown dates that were revealing for persistent loss of cervical lordosis, spurring of the undersurface of the acromion of the bilateral shoulders, soft tissue swelling of the bilateral knees, and soft tissue swelling of the bilateral feet and ankles. The treating physician requested a functional capacity evaluation to evaluate the injured worker's level of impairment and to indicate any specific work restrictions to prevent further injury while at work.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: 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. An FCE is considered if case management is hampered by complex issues, timing is appropriate (when the patient is close to MMI and all key medical reports are secured and additional/secondary conditions clarified. A FCE is not recommended if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In this case the documentation doesn't support that the criteria have not been met. The patient does not have documented complex issues or plans for entering a WH program, the medical necessity for a FCE has not been met. The request is not medically necessary.