

Case Number:	CM15-0181395		
Date Assigned:	09/22/2015	Date of Injury:	02/25/2011
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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, Hawaii
 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 54 year old male who sustained an industrial injury on 02-25-2011. According to a progress report dated 08-24-2015, electrodiagnostic studies performed on 07-29-2015 showed evidence of right ulnar nerve slowing consistent with cubital tunnel syndrome of the right upper extremity. A right hip replacement had been recommended by another provider. Physical examination confirmed an antalgic gait favoring the right side. Positive cubital tunnel compression test of the right elbow was noted. Assessment included industrial injury to the left shoulder with post-traumatic impingement, bursitis and partial rotator cuff tear, post-traumatic impingement left shoulder, history of industrial injury with fall affecting bilateral shoulders, low back, right hip and left wrist, right hip MRI studies showing degeneration with thinning of the articular cartilage as well as cystic changes in the superior labrum, MRI studies of 12-18-2012 of the right shoulder revealing AC joint arthrosis and impingement, MRI studies of the left shoulder dated 05-23-2013 revealing AC joint mild arthrosis, status post right hip arthroscopy on 10-30-2013, status post carpal tunnel release surgery of the right hand in 2014 and possible cubital tunnel syndrome right upper extremity. Recommendations included a follow up with other provider for a right hip replacement. A functional capacity evaluation was recommended. On 09-03-2015, Utilization Review non-certified the request for 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: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluation, chapter 7, page 137.

Decision rationale: The patient presents with cubital tunnel syndrome of the right elbow and right hip osteoarthritis. The current request is for Functional Capacity Evaluation. The treating physician's report dated 08/24/2015 (179B) states, "I have also recommended a functional capacity evaluation which can be done at S.P.T. in Los Angeles as he had had a request for filling out physical residual function capacity questionnaire." The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or if the information is crucial. The current request is not medically necessary.