Case Number:	CM15-0186258		
Date Assigned:	09/24/2015	Date of Injury:	06/28/2000
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This 53 year old female sustained an industrial injury on 6-28-00. Documentation indicated that the injured worker was receiving treatment for recurrent bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, right shoulder dysfunction, cervical radiculopathy with sprain and strain, left thumb contracture and right reflex sympathetic dystrophy. Recent treatment included acupuncture, injections and medications. In a PR-2 dated 8-27-15, the injured worker complained of pain to bilateral shoulders and neck, incomplete left shoulder range of motion, tightness to the outside of the right elbow with pain and cramping in the fingers and wrist of the right hand. The injured worker had last worked on 6-28-02. Physical exam was remarkable for tenderness to palpation in the right lateral epicondylar area and right thenar eminence, positive right Tinel's at the carpal tunnel and full range of motion of the right fingers. The treatment plan included requesting authorization for a pain management specialist, a second opinion for the shoulders and spine, acupuncture twice a week for six weeks and a functional capacity evaluation. On 9-4-15, Utilization Review noncertified a 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.

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

Decision rationale: The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Functional capacity evaluation. The treating physician report dated 8/13/15 (75B) states, "Functional Capacity Examination is recommended to identify any work limitations. We require authorization to ensure that this patient can safely meet the physical demands of their occupation." The purpose of the Functional Capacity Evaluation is to fully inform the employer of the work capacities and activity restrictions resulting from the injury that are relevant to potential regular work, modified work or alternative work. Regarding Functional/Capacity Evaluation, ACOEM Guidelines 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... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, while the treating physician is requesting an FCE in order to determine if the patient can return to work, the patient was "laid off from original employer" on 6/28/02 and there is no current employer requesting an FCE. Furthermore, there is no documentation provided that shows the patient wishes to return to work nor is there any documentation that the patient is to enter into a "work hardening" program and requires an FCE. The current request is not medically necessary.