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| Case Number: | CM15-0191506 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 04/06/2011 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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, Indiana, New York
 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 66 year old female, who sustained an industrial-work injury on 4-6-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, lumbar radiculopathy, bilateral knee sprain, right carpal tunnel syndrome, status post bilateral knee arthroscopy, and right ankle sprain and right tarsal tunnel syndrome. The treatments included medications, diagnostics, physical therapy (unknown amount), consults, off of work and other modalities. Medical records dated (4-23-15 to 6-19-15) indicate that the injured worker complains of right ankle and foot, bilateral elbows and shoulder pain with pushing and pulling activity. The range of motion remains unchanged and strength has remained unchanged. There is pain in the upper and lower back, neck, bilateral knees and ankles with difficulty walking. The pain is rated 7-9 out of 10 on the pain scale. The physician indicates that physical therapy has been on hold. Per the treating physician report dated 6-19-15 the injured worker has not returned to work. The physical exam dated 6-19-15 reveals tenderness to palpation of the neck, decreased cervical range of motion, Phalen's sign is positive, with positive Tinel's bilateral elbows and wrists. There is numbness in the upper extremities. There is decreased range of motion of the thoracic and lumbar spine, tenderness to palpation and straight leg raise is positive bilaterally. The McMurray's test and Apley's test is positive on the right and left lower extremity, there is tenderness over the calcaneal fibular ligament and tenderness over the lateral malleolus. The physician indicates that the injured worker reports work abilities that are conflicting from the employer and other physicians. The injured worker is noted to be close to maximum medical improvement and a physical

performance exam is indicated to assist with return to work. The request for authorization date was 8-28-15 and requested services included Physical performance, functional capacity evaluation (FCE). The original Utilization review dated 9-10-15 non-certified the request for Physical performance, functional capacity evaluation (FCE) as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance, functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Work.

Decision rationale: Pursuant to the ACOEM, physical performance, functional capacity evaluation (FCE) is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured workers working diagnoses are unspecified musculoskeletal disorders and symptoms referable to the neck; brachial neuritis for radiculitis NOS; lumbago; thoracic or lumbosacral neuritis unspecified; injury to ulnar nerve; carpal tunnel syndrome; derangement of meniscus NEC; arthroscopy of knee; knee joint replacement by other means; and tarsal tunnel syndrome. Date of injury is April 6, 2011. Request authorization is September 1, 2015. The most recent progress note in the medical record is dated June 19, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization, September 1, 2015. According to a June 19, 2015 progress note, subjective complaints include right ankle and foot pain with bilateral elbow and shoulder pain 8/10. The injured worker is currently not work. Objectively, there is tenderness to palpation at the cervical and lumbar paraspinals. As noted above, there is no contemporaneous clinical documentation on or about the date of request for authorization (September 1, 2015). There is no clinical indication or rationale for a functional capacity evaluation. There is no documentation of a job description or an attempt to return to work. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no contemporaneous clinical documentation in the medical record with a clinical indication or rationale for a functional capacity evaluation, physical performance, functional capacity evaluation (FCE) is not medically necessary.