

Case Number:	CM15-0191766		
Date Assigned:	10/05/2015	Date of Injury:	07/02/2015
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53 year old male who sustained an industrial injury on 07-02-2015. Medical records (08-19-2015) indicated the worker was treated for ribcage pain with 3 fractured ribs on the left side. Diagnoses (09-08-2015) include cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and knee tendonitis-bursitis. In the exam of 09-08-2015, the worker complained of pain in the neck, bilateral shoulders and wrists, bilateral knee and ankle. On exam, there was decreased range of motion of the cervical spine with spasm, tenderness, and guarding. Numbness was present in the bilateral upper extremities over the C5 dermatome with radiation of pain to the bilateral upper extremities over the C5 dermatome. The lumbar spine had decreased range of motion with lumbar spine spasm, tenderness, and guarding. Numbness was present in the left lower extremity over the S1 dermatome with radiation of pain to the left lower extremity over the S 1 dermatome. There was decreased range of motion of the right shoulder with positive Hawkins sign of the left shoulder and tenderness over the acromioclavicular joint. There was decreased range of motion of the bilateral wrists, decreased range of motion of the bilateral knees. Tenderness to palpation is noted over the medial joint line and the lateral joint line. There was decreased range of motion of the bilateral ankles. Treatment plan included Norco, Flexeril, and activity modifications. The worker is on temporary total disability. A request for authorization was submitted for functional capacity evaluation to the trunk (chest-ribs). A Utilization Review decision 09-18-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation to the trunk (chest/ribs): 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), Fitness for Duty - Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines ACOEM, ch 5, Disability pg 80-81.

Decision rationale: Per the ACOEM guidelines cited, a functional capacity evaluation (FCE) can be used to better understand and document the injured workers (IW) disabling medical condition, and may be necessary to translate medical impairment into functional limitations for determining work capability. However, determining limitations is not really a medical issue, but more an independent assessment of what the IW is currently able and unable to do. Under some circumstances, the FCE can provide guidance as to whether the worker has the ability to stay at work or return to work. According to the ODG, a FCE is recommended prior to admission into a Work Hardening (WH) Program, and is not recommend for routine use as part of occupational rehab, screening, or generic assessment, in which the question is whether the IW can do any job. FCEs can be considered when injuries require detailed exploration of the IWs abilities and they are close to maximal medical improvement. Based on the available treating physicians notes through 09-30-2015, the IW is currently working with restrictions, and is awaiting resolution of medical-legal issues while continuing conservative management. Also, he does not appear to be at maximal medical improvement. Thus, based on the guidelines cited, the request for a functional capacity evaluation to the trunk (chest/ribs) is not medically necessary.