

Case Number:	CM15-0194511		
Date Assigned:	10/08/2015	Date of Injury:	06/13/2013
Decision Date:	11/18/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 58 year old male, who sustained an industrial injury on 6-13-13. The injured worker is diagnosed with cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, bursitis and tendinitis of the shoulders, lateral epicondylitis of the right elbow, right hand-wrist tendinitis-bursitis and right carpal tunnel syndrome. His work status is modified duty. Notes dated 6-2-15 - 8-11-15 reveals the injured worker presented with complaints of constant, moderate right shoulder pain described as tingling; frequent, moderate to severe right elbow pain described as aching and sharp and frequent, severe right wrist and hand pain described as aching. The pain is increased by gripping, grasping and using his arms. He reports frequent, severe neck and low back pain described as aching and increased by moving his head and bending. He reports frequent, moderate upper-mid back pain described as aching and increased by bending. He reports occasional, severe headaches described as aching and is aggravated by sleep. His pain is rated at 4-7 out of 10, per note dated 5-21-15. Physical examinations dated 6-2-15 - 8-11-15 revealed 2+ spasm and tenderness to the bilateral "cervical sub-occipital" muscles and bilateral upper shoulder muscles. The thoracic spine examination revealed 2+ spasm and tenderness to the bilateral "paraspinal muscles from T8-T10". The lumbar spine examination revealed 3+ spasm and tenderness to the bilateral "lumbar paraspinal muscles from L2-S1 and multifidus." The shoulders revealed 3+ spasm and tenderness to the right upper shoulder muscles and rotator cuff muscles. The elbows revealed 3+ spasms and tenderness to the right lateral medial epicondyles and 3+ spasm and tenderness to the right anterior wrist, right base of the long finger

and right "thenar eminence". Treatment to date has included acupuncture, work hardening screening, pain management, right carpal tunnel surgery and physical therapy. The therapeutic response was not addressed. Diagnostic studies to date have included x-rays, MRIs and electrodiagnostic studies. A request for authorization dated 8-11-15 for Functional Capacity Evaluation is non-certified, per Utilization Review letter dated 8-25-15.

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 ACOEM Chapter 7, pages 137-138 (referral issues and the Independent Medical Examinations and Consultations), Official Disability Guidelines (ODG) Fitness for Duty Chapter (Online Version) Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

Decision rationale: The current request is for a FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 08/11/15. Treatment to date has included acupuncture, work hardening screening, pain management, right carpal tunnel surgery and physical therapy. The patient may return to modified duty. MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 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. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG, Fitness For Duty chapter, under Functional capacity evaluation (FCE) states: "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." Per report 08/11/15, the patient presents with right shoulder, right elbow, right wrist/hand, neck and lower back pain. The patient is pending lumbar spine injections, and a right wrist carpal tunnel release and right long finger trigger release. The treater requested a qualified functional capacity evaluation prior to evaluating if he has reached MMI status. In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request IS NOT medically necessary.