MAXIMUS Federal Services

Case Number:	CM15-0206067		
Date Assigned:	10/22/2015	Date of Injury:	08/01/2013
Decision Date:	12/10/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California
Certification(s)/Specialty: 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:

This is a 54 year old male patient who sustained an industrial injury on 08-01-2013.The diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbago, cervicalgia, and disorders of bursae and tendons left shoulder region. According to the treating physician's progress report on 09-30-2015; he had complaints of neck pain, left shoulder pain and low back pain radiating to the left leg, left ankle pain and numbness of the bilateral lower extremities. Observation of the patient noted independent ambulation with a normal gait pattern and able to remove shoes, transfers to examining table and sits comfortably. Examination of the cervical spine demonstrated limited range of motion especially to the left with tenderness at C5-6, Spurling's negative, mild tenderness to palpation on the left paraspinal and upper trapezius muscles. Examination of the left shoulder revealed Forward flexion 90 degrees, abduction 100 degrees, external rotation 40 degrees, internal rotation 45 degrees and extension 15 degrees with tenderness to palpation over the posterior aspect of the shoulder, positive Hawkins test; negative Drop arm, Yergason's, and crossed arm adduction tests. The lumbar spine examination revealed normal alignment and lumbar lordosis, tenderness to palpation over the left paraspinal muscle, no sciatic notch tenderness, no gluteal or piriformis spasm, a positive lumbar facet loading maneuver on the left with seated and supine straight leg raise negative bilaterally. Current medications were listed as Ultram ER, Cyclobenzaprine, Relafen, Gabapentin, Omeprazole and topical analgesic gel. He had a cervical MRI on 1/29/15. Prior treatments have included diagnostic testing, chiropractic therapy, steroid injections to the right shoulder, physical therapy, spine surgeon consultation, gym membership and medications. The patient is on modified duty

with restrictions. Treatment plan consists of continuing gym membership with physical trainer, aquatic therapy, soft cervical collar, lower back support, bilateral shoulder steroid injection (authorized), cane for support, cervical epidural steroid injection (declined by injured worker), heat and cold therapy for the shoulders, heat for the lower back, stretching exercises, discontinuation of Cyclobenzaprine due to slow breathing, continuing other medications and the current request for Functional Capacity Evaluation (FCE). On 10-19-2015, the Utilization Review determined the request for Functional Capacity Evaluation (FCE) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examination and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 12/02/15), Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter:7 Independent Medical Examinations and Consultations, Referral Issues and the Independent Medical Examination (IME) Process, Page 137-138.

Decision rationale: Functional Capacity Evaluation #1. Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above, "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts, Conflicting medical reporting on precautions and/or fitness for modified job, Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured, Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The medical necessity of a Functional capacity evaluation #1 is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.