

Case Number:	CM15-0025020		
Date Assigned:	02/17/2015	Date of Injury:	08/23/2013
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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 63 year old female, who sustained an industrial injury on August 23, 2013. The diagnoses have included lumbar disc displacement with myelopathy, sciatica, left hip sprain/strain and partial tear of the rotator cuff tendon of the left shoulder. Treatment to date has included physical therapy, chiropractic therapy, TENS, previous functional capacity evaluation. The injured worker complained of left shoulder, lumbar spine and left hip pain. The injured worker had intermittent moderate pain in the left shoulder described as throbbing and aggravated by using the arms. The lumbar spine pain was described as constant moderate-to-severe pain and the left hip was constant severe pain made worse by standing and walking. She used a back support and ambulated with a cane. On examination, she had +3 spasm and tenderness to the bilateral lumbar paraspinal muscles and there was a trigger point to the left piriformis muscles. She has +4 spasm and tenderness to the left shoulder and the hips. On January 12, 2015 Utilization Review non-certified a request for qualified functional capacity evaluation, noting that functional capacity evaluations are not indicated for routine assessment of function capacity but rather when assessing specific questions related to return-to-work goals. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of qualified functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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, Independent Medical Examinations and Consultations (pages 132-139); Official Disability Guidelines: Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: It appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, chiropractic treatment, acupuncture, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Qualified Functional Capacity Evaluation is not medically necessary and appropriate.