

Case Number:	CM15-0028534		
Date Assigned:	02/20/2015	Date of Injury:	03/23/2004
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 59 year old female, who sustained an industrial injury on 3/23/04. On 2/13/15, the injured worker submitted an application for IMR for review of Final Functional Capacity Evaluation. The treating provider has reported the injured worker complained of continued pain in neck and back describing the pain as constant, dull and sometimes stabbing. The diagnoses have included left ankle sprain/strain, cervical discopathy, status post dorsal compartment release, major depression, anxiety and insomnia. Treatment to date has included acupuncture (x18), physical therapy (x36), status post L3-S1 fusion and anterior cervical discectomy fusion (ACDF), lumbar epidural steroid injections (no date), trigger point injections (no date), and medications. Diagnostics included a MRI right shoulder (10/29/14). On 1/21/15 Utilization Review non-certified a Final Functional Capacity Evaluation. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final 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 132-139, Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The primary treating physician's progress report dated 1/19/15 documented a history of cervical spine sprain and strain, carpal tunnel release, lumbar spine sprain and strain, ankle sprain and strain, and head injury. A functional capacity evaluation was requested. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for functional capacity evaluation is not medically necessary.