

Case Number:	CM15-0213495		
Date Assigned:	11/03/2015	Date of Injury:	03/19/2013
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/29/2015

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, Indiana, New York
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 32 year old male, who sustained an industrial injury on March 19, 2013. He reported injury to his head and neck with aggravation of his lower back from a prior injury. The injured worker was diagnosed as having craniofacial injury, traumatic brain injury with post- traumatic head syndrome, Labyrinth concussion, cervical spine strain, C3-C4 stenosis, thoracic spine sprain and strain and sleep disturbance. Treatment to date has included diagnostic studies, multiple consultations and evaluations, vestibular auditory therapy, medication, neurological care, physical therapy, work conditioning, chiropractic treatment and acupuncture. On May 13, 2015, notes stated that a functional capacity evaluation was performed on July 22, 2014. The injured worker was allowed to return to work full time but with restrictions of lifting, carrying, pushing and pulling limited to 45 pounds and balancing on narrow objects limited to his tolerance. An additional functional capacity evaluation was noted to be performed on February 9, 2015. He also underwent qualitative function capacity evaluations on March 10, 2014 and May 12, 2014. On October 5, 2015, the injured worker complained of neck pain, back pain and headache. The injured worker also complained of lack of sleep causing him exhaustion during the day. There was concern about his continued vestibular problems causing dizziness and imbalance. The treatment plan included functional capacity evaluation, psychiatric consultation and psychology consultation. On October 19, 2015, utilization review denied a request for functional capacity evaluation.

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 Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Activity, Work.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured workers working diagnoses are craniofacial injury; TBI with post-traumatic head syndrome; labyrinth concussion; and cervical spine strain sprain and thoracic spine sprain strain. Date of injury is March 19, 2013. Request for authorization is October 12 2015. According to requesting provider progress note dated October 5, 2015, subjective complaints include neck and back pain with headache and poor sleep. The worker has vestibular problems with dizziness. The remainder of the subjective section is illegible. There is no objective physical examination in the medical record. The treatment plan includes a referral to a neurologist and a psychologist. The functional capacity evaluation box is not checked off. The documentation refers to a functional capacity evaluation completed February 9, 2015. The recommendation was returned to work full time. The injured worker has been working at modified duty (progress note dated January 26, 2015). There is no clinical discussion, indication or rationale for a functional capacity evaluation on or about the date of request for authorization and the progress note dated October 5, 2015. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, functional capacity evaluation is not medically necessary.