

Case Number:	CM15-0215973		
Date Assigned:	11/05/2015	Date of Injury:	04/07/2012
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This is a 44 year old male with a date of injury on 4-7-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck, lower back and right knee pain. Progress report dated 9-21-15 reports continued complaints of constant, moderate neck pain rated 6-7 out of 10, lower back pain 7 out of 10 and right knee pain 5-6 out of 10. The neck pain radiates to his bilateral shoulders to his bilateral arms, right greater than the left. He reports the lower back pain radiates down his right leg with numbness and tingling. He has noticed decreased muscle in his left calf over the past 7 months. Objective findings: cervical range of motion limited in all planes, lumbosacral tenderness with related spastic activity, limited lumbar range of motion in all planes, right knee has restricted range of motion at all planes with pain at the end ranges. MRI lumbar spine 11-28-14 revealed 3 mm broad based disc bulge at L4-5 and 2.7 mm broad based disc bulge at L5-S1. EMG NCV 12-30-14 showed no evidence of radiculopathy in the lower extremities. MRI cervical spine 11-28-14 showed 1 mm disc bulge. Treatments include medication and physical therapy. Request for authorization dated 9-21-15 was made for Functional capacity evaluation (FCE). Utilization review dated 10-8-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 (FCE) 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 worker's working diagnoses are lumbar discopathy with radiculopathy left lower leg; cervical spine discopathy; right knee contusion with tendinitis; and history of gastritis gastroesophageal reflux disease. Date of injury is April 7, 2012. Request for authorization is September 21, 2015. According to a September 21 2015 progress note, subjective complaints include ongoing neck pain 7/10 that radiates to the shoulders, low back pain that radiates to the right leg 7/10 and knee pain. Objectively, there is decreased range of motion and tenderness over the cervical spine and lumbar spine. There is spasm at the lumbar spine. The knee shows decreased range of motion, but no tenderness. The treating provider is requesting a functional capacity evaluation to evaluate current and future appropriateness of required job duties. The employer is unable to make accommodations for the injured worker. The injured worker was then considered temporarily totally disabled. There is no documentation of prior unsuccessful return to work attempts or conflicting medical reporting. 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. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations based on little scientific evidence confirming functional capacity evaluations, functional capacity evaluation (FCE) is not medically necessary.