

Case Number:	CM15-0216913		
Date Assigned:	11/06/2015	Date of Injury:	10/28/2009
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 58 year old female, who sustained an industrial-work injury on 10-28-09. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of shoulder, chronic pain syndrome, myalgia and myositis, and cervical radiculopathy. Treatment to date has included pain medication, diagnostics, wrist and shoulder injections with reduction in pain and able to drive comfortably, Cognitive Behavioral Therapy (CBT) at least 20 sessions, and other modalities. Medical records dated 9-22-15 indicate that the injured worker complains of right upper extremity pain rated 4 out of 10 on the pain scale associated with loss of function, weakness right hand and numbness and tingling in the affected limb. She states that medications relieve the pain and she tolerates them well. Per the treating physician report dated 9-22-15, work status is temporary total disabled. The physical exam reveals right shoulder movements are restricted, Hawkin's test is positive, Neer test is positive, shoulder crossover test is positive and there is tenderness noted over the acromioclavicular joint (AC). The right wrist reveals positive Phalen's test and positive Tinel's test. The right hand shows painful range of motion, there is allodynia noted over the entire hand, and tenderness to palpation. There is Complex regional pain syndrome (CRPS) physical findings in the right upper extremity with abnormal skin color, abnormal temperature, mechanical allodynia, and hyperalgesia to single pinprick. There is decreased sensation to light touch noted in the right arm. The physician indicates that the injured worker reports worsening headaches and radiation of pain into the right upper extremity and is recommending Functional Capacity Evaluation (FCE). The request for authorization date was 10-2-15 and requested service included Functional

Capacity Evaluation, QTY: 1.00. The original Utilization review dated 10-9-15 non-certified the request for Functional Capacity Evaluation, QTY: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed, remaining temporarily totally disabled (TTD) for this 2009 injury. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. 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. 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 Functional Capacity Evaluation, QTY: 1.00 is not medically necessary and appropriate.