MAXIMUS Federal Services

Case Number:	CM15-0030080		
Date Assigned:	02/23/2015	Date of Injury:	04/04/2014
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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 48-year-old female, who sustained an industrial injury on 4/4/14. The injured worker has complaints of right shoulder pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy; lumbar region disc disorder; rotator cuff partial tear, right; tear of medial cartilage or Meniscus of left knee, current; cervical radiculitis; carpal tunnel syndrome, right and right elbow cubital tunnel syndrome. Magnetic Resonance Imaging (MRI) of left knee was normal. Magnetic Resonance Imaging (MRI) of the lumbar spine showed some mild degenerative bulges but nothing significant; the only area of any foraminal narrowing was very mild at the L3-4 level to the left. According to the utilization review performed on 1/28/15, the requested Functional capacity evaluation has been non-certified and the requested transfer of care to pain management has been recommended for partial certification of consultation with pain management specialist. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain; Official Disability Guidelines and Chronic Pain Medical Treatment Guidelines were used in the utilization review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations Official disability guidelines Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: This patient presents with right shoulder, left knee, low back and neck pain. The current request is for FUNCTIONAL CAPACITY EVALUATION. ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness For Duty, Low Back, Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician is requesting a Functional capacity evaluation "to assess functional limitations before status changes P & S." ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual's work capacity and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.

Transfer of care to pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with right shoulder, low back and neck pain. The current request is for TRANSFER OF CARE TO PAIN MANAGEMENT. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation

to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work." The Utilization review modified the certification for consultation only with a pain management specialist. This patient presents with persistent pain, despite conservation treatments and may benefit from pain management. This request IS medically necessary.