

Case Number:	CM15-0045323		
Date Assigned:	03/17/2015	Date of Injury:	12/07/2013
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii

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 30 year old female, who sustained an industrial injury on 12/7/2013. The current diagnoses are cervical disc herniation without myelopathy, partial tear of rotator cuff tendon on the left shoulder, carpal tunnel syndrome (medial entrapment at the left wrist), lateral/medial epicondylitis of the left elbow, tendinitis/bursitis of the left hand/wrist, and costosternal sprain/strain. According to the progress report dated 11/5/2014, the injured worker complains of pain in the cervical spine, left shoulder, left elbow, left wrist/hand, and chest. The pain in the cervical spine is described as a constant, moderate-to-severe ache that radiates to her face and is aggravated by cold. The left shoulder pain is a constant, moderate-to-severe ache that is aggravated by using the arms. The left elbow is an intermittent, severe pain that is best described as cramping. The left wrist/hand pain is a frequent, severe cramping pain. The chest pain is described as a constant, severe ache. Treatment to date has included physical medicine, but failed to show significant functional improvement. The plan of care includes 6 acupuncture visits, MRI of the cervical spine and left shoulder, psychosocial factors screen, work hardening screening, and 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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional capacity evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM, Chapter 7, Pgs. 137-138.

Decision rationale: The patient presents with constant cervical, left shoulder and chest pain along with intermittent left elbow and left wrist and hand pain. The current request is for a functional capacity evaluation. The treating physician states 11/5/14 (A10) - The patient requires a Functional Improvement Measure through a Functional Capacity Evaluation. Neither MTUS nor ODG guidelines address functional capacity evaluations. ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM guidelines state: "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." The medical history in this case does not indicate that the physician feels the information from such testing is crucial. Instead the reporting indicates that the requested FCE is for the permanent and stationary report and it is needed to determine if the employee is able to resume working capacity "commensurate with his or her skills or abilities." There is no request from the employer or claim administrator for an FCE. Additionally there is no discussion of why the examiner cannot determine whether the impairment results in functional limitations him or her. Therefore, the request is not medically necessary.