

Case Number:	CM15-0049614		
Date Assigned:	03/23/2015	Date of Injury:	06/08/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on June 8, 2012. The injured worker had reported a coccyx, left shoulder and back and neck injury related to a fall. The diagnoses have included lumbago, lumbar sprain/strain with disc protrusion, coccyx contusion, groin pain and bilateral cervical radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, electrodiagnostic studies and a whole body scan. Current documentation dated January 28, 2015 notes that the injured worker reported continuing low back pain, scrotal pain and emotional difficulties. Examination noted the injured workers gait was within normal limits. His ability to go from a sitting to standing position was also within normal limits. No other physical examination was noted. The treating physician's plan of care included a request for a 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 Chronic Pain Treatment Guidelines Functional improvement measures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138 Official Disability Guidelines (ODG), Functional capacity evaluations.

Decision rationale: The ACOEM guidelines note that the examiner is responsible for determination of functional limitations and informing the injured worker and employer about work abilities and limitations. A functional capacity evaluation (FCE) may be requested to further evaluate current work capacity. Though functional capacity evaluations are widely used and promoted it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Capacity evaluations may establish physical abilities, and also facilitate examine/employer relationship for return to work. There is little scientific evidence confirming that functional capacity evaluations 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. The FCE is probably influenced by multiple nonmedical factors other than physical impairment. For these reasons it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. The ODG guidelines note that FCEs are 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. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case there is no evidence that work restrictions have been placed or that accurate determination of work restrictions is crucial for this injured employee. The utilization review on 2/20/16 noted that the records do not document an adequate history and examination. The treatment note on 1/28/15 noted that an FCE was not requested, only a continuation of a functional restoration program. There is not adequate documentation to support an FCE as noted in the above guidelines. The request for functional capacity evaluation is not medically necessary.