

Case Number:	CM15-0052432		
Date Assigned:	03/25/2015	Date of Injury:	04/07/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is a 75 year old female who sustained an industrial injury on 04/07/2014. Current diagnoses include cervical spinal strain, right shoulder strain, right shoulder impingement, rule out rotator cuff tear, right knee pain and dysfunction, meniscus tear, and left knee compensatory pain. Previous treatments included medication management, physical therapy, and home exercises. Diagnostic studies included x-rays, MRI of the right shoulder, cervical spine, right knee, and right shoulder. Initial complaints included a sharp pain in her back, neck, right shoulder, right arm, right leg, and right knee after she slipped and fell. Report dated 02/25/2015 noted that the injured worker presented with complaints that included right shoulder pain, right knee pain, and left knee compensatory pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included holding off on procedure for the shoulder and knee, home exercises, request for functional capacity evaluation, P&S paperwork. Disputed treatment includes functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE). Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation 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, injuries that require detailed exploration of a worker's abilities, the patient is close to or at 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 cervical spine strain; right shoulder strain; right shoulder impingement; rule out rotator cuff tear; right knee pain and dysfunction; and left knee compensatory pain. The documentation shows the injured worker was working full time in October 22, 2014. There have been no unsuccessful return to work attempts. The injured worker experienced a flare-up on December 19, 2014. Records do not describe the job duties or tasks for the injured worker. Functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. As noted above, the injured worker returned to work and, but for, a flare-up in December 2014, there is no clinical indication or rationale for a functional capacity evaluation or necessity to determine work capability. There are no conflicting medical reports in the medical record. Consequently, absent clinical documentation with a necessity to determine work capability after the injured worker returned to work full-time in October 22, 2014, but for a flare up in December 2014, functional capacity evaluation is not medically necessary.