

Case Number:	CM15-0085759		
Date Assigned:	05/07/2015	Date of Injury:	01/09/2015
Decision Date:	07/31/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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, 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 44-year-old female patient who sustained an industrial injury on 01/09/2015. The accident was described as while working regular duty performing secretarial duty she encountered cumulative trauma with resulting injury. The initial primary treating office visit dated 02/16/2015 reported subjective complaint of right arm tingling sensation and cramps from rom the knees to bilateral feet. She also has complaint of intermittent upper and lower back pain, bilateral elbows, and bilateral knee pains. The following diagnoses were applied: blurred vision, dizziness, headache, photosensitivity, cervical pain' cervical sprain/strain; thoracic myospasm; thoracic pain; lumbar pain; lumbar sprain/sprain; right lateral epicondylitis and left lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of occupational and environmental medicine, 2nd edition, Chapter 7, Independent medical examinations and consultations (Pages 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines; Chapter 7, Pages 137-138.

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, the patient is close to 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 relevant working diagnoses are cervical pain; cervical sprain strain; thoracic myospasm; thoracic pain; lumbar pain; lumbar sprain strain; right and left lateral epicondylitis. The date of injury is January 9, 2015. The request for authorization is dated April 2, 2015, but there is no hard copy of the request for authorization in the medical record. The IMR states functional capacity evaluation. There is no documentation of "six sessions" to accompany the functional capacity evaluation. The medical record contains 29 pages. A sole progress note dated February 16, 2015 subjectively states the injured worker has multiple complaints involving the cervical, thoracic and lumbar spine and bilateral elbows and knees. Objectively, there is tenderness palpation at the cervical, thoracic, lumbar, bilateral elbows and knees. There is no discussion, clinical indication or rationale in the medical record progress note for a functional capacity evaluation. Consequently, absent clinical documentation with a clinical discussion, indication and/or rationale for a functional capacity evaluation, functional capacity evaluation is not medically necessary.