

Case Number:	CM14-0145929		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2010
Decision Date:	10/16/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who reported an injury on 02/22/2010. The mechanism of injury was a fall from a scaffold. The diagnoses included cervical radiculopathy, bilateral shoulder impingement, left wrist tendonitis/bursitis, right foot tendonitis/bursitis and psychological complaints. Past treatments included physiotherapy and medications. Surgical history included cranial surgery in 2010. The clinical note dated 08/14/2014 indicated the injured worker complained of pain in the cervical spine, left shoulder, left wrist, and right foot. The physical exam revealed decreased range of motion of the cervical spine with spasm, guarding, and tenderness. Numbness was present in the arms bilaterally over the C5 dermatome. The left shoulder revealed positive Hawkins with weakness. The left wrist revealed tenderness over the distal radius. Current medications included tramadol 100 mg ER. The treatment plan included a functional capacity evaluation. The rationale for the request was to systematically document the injured worker's current physical abilities as he was currently working in the capacity of landscaper. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COEM Occupational Medical Practice guidelines, Second Edition (2004), page: regarding Functional capacity evaluations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The request for Functional Capacity Evaluations is not medically necessary. The California MTUS/ACOEM Guidelines indicate that it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines go on to state that a functional capacity evaluation is not recommended as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type job generally. The injured worker complained of pain in the cervical spine, left shoulder, left wrist and right foot. The physician specifically noted that the request for functional capacity evaluation was to systematically document the injured worker's current physical abilities as he was currently working in the capacity of a landscaper. The guidelines indicate that a functional capacity evaluation is not recommended to evaluate whether someone can do any type of job generally. Therefore, the request for Functional Capacity Evaluations is not medically necessary.