

Case Number:	CM14-0160706		
Date Assigned:	10/03/2014	Date of Injury:	05/03/2013
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This 69 year-old injured worker sustained an injury on 5/3/13 while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation regarding the cervical and lumbar spine. Diagnoses include Neck sprain and strain/ cervical spine disc protrusion; lumbar sprain/strain and disc protrusion. Conservative care has included medications, physical therapy, acupuncture, chiropractic treatment, ESWT, DNA testing, prior FCE performed, and modified activities/rest for continued treatment of chronic neck and low back complaints. Reports of 4/8/14 and 7/8/14 from the provider noted chronic ongoing neck and low back pain with bilateral knee pain and weakness. Exam showed slight decreased right lateral bending of cervical spine; otherwise normal range; tenderness at cervical paravertebral muscles with spine distraction causing pain; lumbar spine with limited range; tenderness on palpation of paravertebral muscles with negative SLR. There was no notation of work status. The request(s) for Functional capacity evaluation regarding the cervical and lumbar spine was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Regarding the Cervical and Lumbar Spine: Upheld

Claims Administrator 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)

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, page(s) 137-138

Decision rationale: The injured worker has received a significant amount of conservative treatments without sustained long-term benefit. The injured worker underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the injured worker has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the injured worker continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation Regarding the Cervical and Lumbar Spine are not medically necessary.