MAXIMUS Federal Services

Case Number:	CM14-0178213		
Date Assigned:	10/31/2014	Date of Injury:	07/03/2013
Decision Date:	12/08/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, 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 patient is an injured worker with neck and back injuries, upper and lower extremity conditions, and left lower extremity fracture. Date of injury was 07-03-2013. Mechanism of injury was motor vehicle accident. Primary treating physician report dated October 15, 2014 documented subjective complaints of chronic neck and lower back pain. The patient has left wrist and thumb pain as well as left lower extremity pain. He is status post left tibial plateau fracture with ORIF open reduction and internal fixation. He is a candidate for left wrist and left knee surgeries. Physical examination was documented. The patient was ambulating with an antalgic gait. Well-healed incision is noted over the left lower extremity. Spasm and tenderness are noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. Medial and lateral joint line tenderness is noted with flexion and extension of the left knee. Decreased grip strength is noted in the left hand. Diagnoses were hip sprain strain, thoracic sprain strain, shoulder sprain strain, cervical radiculopathy, lumbosacral radiculopathy, ankle tendinitis bursitis, knee tendinitis bursitis, and wrist tendinitis bursitis. Treatment plan was documented. Medications were refilled. Functional capacity evaluation was requested. Utilization review determination date was 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for trunk and upper/lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. 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 137-138

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 1, Prevention (Page 12), states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7, Independent Medical Examinations and Consultations (Pages 137-138), states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace.Primary treating physician report dated October 15, 2014 documented a request for a functional capacity evaluation. MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE).Therefore, the request for Functional capacity evaluation for trunk and upper/lower extremitiesis not medically necessary.