

Case Number:	CM14-0185297		
Date Assigned:	11/13/2014	Date of Injury:	07/23/2011
Decision Date:	12/19/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54-year old female who was injured on 7/23/2011 while pulling a heavy object. She was diagnosed with cervical spine disc bulge, lumbar spine multiple disc protrusions, lumbar spine radiculopathy, headaches, and left ankle contusion. She was treated with physical therapy, chiropractic treatments, trigger point injections, epidural injections, surgery (right shoulder), and medication. On 10/16/2014, the worker was seen by her primary treating provider (chiropractor), reporting her continual neck, low back, and right shoulder pain even after the previous treatment efforts. She did report a recent epidural injection helping, however. Physical examination findings included decreased C7-8 dermatomes on the right arm more than left and decreased sensation along right C6 dermatome. Right shoulder examination revealed positive impingement test and tenderness, and lumbar examination revealed tenderness and spasm as well as a positive straight leg raise test, positive Kemp's test on the right. Also, there was left foot tenderness. She was then recommended a functional capacity evaluation to evaluate possible work restrictions and possible P&S on her next visit).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, although she appears to have reached maximal medical improvement, there was insufficient preparation seen leading up to this request such as a description of her intended work tasks and general known physical limitations. Also, there was no evidence that special help with returning to work was needed in the case of this worker. Therefore, the Functional Capacity Evaluation is not medically necessary.