

Case Number:	CM14-0185748		
Date Assigned:	11/13/2014	Date of Injury:	10/02/2011
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 a customer service representative with a date of injury of 10/2/11. Her injury is described as cumulative trauma involving both wrists, neck, shoulders, and low back with radiation to both lower and upper extremities. Treatment has consisted of bilateral carpal tunnel releases in 2014. She has had electrodiagnostic testing that is consistent with bilateral carpal tunnel syndrome and C6/C7 radiculopathies. Medications have included ibuprofen, Flexeril, Norco, gabapentin, Prilosec, and tizanidine. She has had physical therapy, acupuncture and treatment by a pain specialist. Current diagnoses include bilateral carpal tunnel syndrome, cervical pain with radiculopathy secondary to intervertebral disc herniation, low back pain with bilateral lower extremity radiculopathy secondary to intervertebral disc herniation and L4-5 anterolisthesis. She also has depressive disorder and panic disorder. She did have a previous functional capacity evaluation on 3/17/14 which determined that she was unable to work. The primary treating physician has requested another functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation between 10/2/2014 and 11/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluations American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines note that the examiner is responsible for determination of functional limitations and informing the injured worker and employer about work abilities and limitations. A functional capacity evaluation (FCE) may be requested to further evaluate current work capacity. Though functional capacity evaluations are widely used and promoted it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate examine/employer relationship for return to work. There is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. An FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individuals abilities. The FCE is probably influenced by multiple nonmedical factors other than physical impairment. For these reasons it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. The ODG guidelines note that FCEs are recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case there is no documentation of attempts to return the injured worker to work or the reason for a requested a functional capacity evaluation. Additionally, there is no documentation supporting a functional capacity evaluation according to the criteria noted above. The request for functional capacity evaluation is not medically necessary.