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| Case Number: | CM14-0085861 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 03/03/2011 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on March 3, 2011. The mechanism of injury is noted as repetitive motion with the use of a computer mouse and keyboard. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of cervical spine pain and shoulder pain. The physical examination demonstrated increased muscle tone over the cervical paraspinal muscles. Shoulder flexion was limited to 160 and there was a positive impingement test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for a functional capacity evaluation and was not certified in the pre-authorization process on June 6, 2014.

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 Occupational Medicine Practice Guidelines (second edition, 2004), chapter 7, "Independent Medical Examinations and Consultations", page 138.

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), Independent Medical Examinations and Consultations; Referral Issues and the Independent Medical Examination Process.

Decision rationale: According to the ACOEM, functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs 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 individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. As such, this request for a functional capacity evaluation is not medically necessary.