

Case Number:	CM14-0156676		
Date Assigned:	09/26/2014	Date of Injury:	07/01/2013
Decision Date:	05/01/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male injured worker suffered an industrial injury on 07/01/2013. The diagnoses were cervical spine degenerative disc disease, thoracic sprain/strain, and lumbar spine degenerative disc disease with facet arthropathy. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 8/12/2014 the treating provider reported 7/10 low back pain with bilateral lower extremity numbness and tingling. The cervical spine had 4/10 pain radiating to the bilateral upper extremities. The treatment plan included 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 137.

Decision rationale: The patient has ongoing neck and low back pain along with associated pain in the upper and lower extremities bilaterally. The current request is for 1 Functional Capacity

Evaluation. The ACOEM guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 5, pages 77-89. Early Steps to Reduce Time Away from Work, Clinician's Role, has the following to say: Describe the functional limitations (i.e., what the patient cannot or is unable to do). Limitations represent the difference between the patient's current physical stamina, agility, strength, and cognitive ability and potential job requirements. If specific job demands are known, it will be possible to describe more precisely the fit between the patient's current capability and actual job requirements. Determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." In this case, the treating physician recommends a Functional Capacity Evaluation to determine the patient's ability for work. However, he does not explain why he is unable to make estimates of the patient's ability to return to work or why a formal FCE is crucial. There are no records which indicate the patient's job description or current physical demand. The functional capacity evaluation does not appear to be requested by the employer or the claims administrator. The current documentation does not establish medical necessity for the current request. As such, recommendation is not medically necessary.