

Case Number:	CM14-0157352		
Date Assigned:	09/30/2014	Date of Injury:	06/01/2011
Decision Date:	02/18/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 & Rehabn

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 a 49-year-old female who sustained a work injury on 6/1/11. Records indicate she suffered injuries to the low back, shoulder and bilateral wrists of a repetitive nature. The attending physician report dated 8/25/14 (801) indicates the patient continues to suffer moderate bilateral wrist pain, moderate to severe lower back pain with pain referral and numbness into the right leg. She also complains of right shoulder pain radiating into the arm, hands and fingers, along with a burning sensation. Physical exam noted decreased cervical, lumbar, and wrist range of motion. The attending physician has requested the following; x-ray and MRI of the lumbar spine, EMG/NCV bilateral lower extremities, orthopedic referral, chiropractic physical medicine 3x4, interferential unit, motorized cold therapy, compounded topical creams, Cyclobenzaprine, Naproxen, and Tramadol. He also requests and FCE. The current diagnoses are:1.Neck sprain/myospasm2. Lumbar radiculitis3. R/L wrist sprainThe utilization review report denied the request for Functional Capacity Examination based on lack of medical support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Exam

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) Chapter 7, page 137-138.

Decision rationale: The patient has persistent complaints of bilateral wrist pain, lower back pain with radiation into the right lower extremity, and right shoulder pain radiating into the right arm, and hand. The current request is for Functional Capacity Examination. The treating physician report dated 8/25/14 requests an FCE, along with x-rays and an MRI of the lower back, EMG/NCV of the lower extremities, orthopedic referral, and chiropractic physical medicine. There is no discussion as to the purpose of the FCE at this time. There is no discussion of getting the patient back to work. There is no discussion of the patient reaching permanent and stationary status. The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." The patient continues to be on total temporary disability. There is no documentation found indicating that the employer or claims administrator was challenging the physicians work restrictions and they did not request an FCE. As such, this request is not medically necessary.