

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0193120 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 06/20/2011 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/31/2014 |
| Priority: | Standard | Application Received: | 11/18/2014 |

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 Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 45-year-old female with an injury date of 06/20/2011. Based on the 09/22/2014 progress report, the patient complains of having headaches which occur on the front of her head and she rates as a 9/10. The patient also has lower back pain and continues to have a burning pain in the left upper extremity. "She states she has a smell of smoke on a constant basis." In regards to the cervical spine, the patient has ecchymosis over the posterior neck from cupping procedures. She has positive tenderness over the paracervical musculature and positive muscle spasm in the paracervical musculature as well. For the lumbar/thoracic spine, the patient has positive tenderness in the posterior superior iliac spine region and positive muscle spasm in the paralumbar musculature. The patient's diagnoses include the following: Chronic neck pain. Radicular symptoms, bilateral upper extremities. Chronic thoracic pain. Chronic intractable back pain. Radicular symptoms, bilateral lower extremities. Status post cervical spine fusion. Status post posterior iliac crest bone graft. Breast nodule. Pectoralis tendinitis, left side, secondary to cervical pathology. Headaches. The utilization review determination being challenged is dated 10/31/2014. There was one treatment report provided from 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical
Examinations and Consultation Chapter 7, page 127

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, Functional Capacity Assessment.

Decision rationale: According to the 09/22/2014 report, the patient presents with low back pain, left upper extremity pain, and headaches. The request is for a Functional Capacity Assessment to determine an accurate impairment rating. MTUS does not discuss functional capacity evaluations. Regarding Functional Capacity Evaluation, ACOEM Guidelines Chapter 7 page 137 states, "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 a little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." Review of the one report provided does not indicate the patient's work status. In this case, it is unknown if the request was from the employer or the treater. ACOEM supports FCE if asked by the administrator/employer or if it is deemed crucial. In this case, there are no further discussions provided on the requested functional capacity assessment besides the statement "to determine an accurate impairment rating." Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested functional capacity assessment is not medically necessary.