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| Case Number: | CM14-0210299 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 05/09/2007 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Internal Medicine 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 injured worker (IW) is a 61-year-old man with a date of injury of May 9, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar herniated nucleus pulposus; left shoulder sprain/strain; and anxiety and depression. The IW is status post posterior lumbar interbody fusion at L4-L5 with chronic left L4-L5 radiculopathy and partial fusion interbody space in 2012. There is a sole handwritten progress note by the primary treating physician dated June 2, 2014. This progress note appears in multiple areas within the body of the record. There are no subsequent notes or follow-up reports available for review. Pursuant to the June 2, 2014 PR-2, the IW complains of low back pain rated 2-3/10 radiating to the left lower extremity. He also has left shoulder pain he rates 8/10. He has undergone shoulder surgery X 3. The IW had an epidural steroid injection on May 14, 2014, which decreased the low back pain to 2-3/10. Examination of the lumbar spine reveals tender lumbar paravertebral, and antalgic gait. The IW ambulates with a cane. The IW is participating in a home exercise program. He is taking Ibuprofen and Prilosec. He is using Methoderm gel. Work status was documented as TTD X 6 weeks. The current request is for functional capacity evaluation (FCE). The documentation dated June 2, 2014 does not contain an entry, or discussion regarding FCE.

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 Chronic Pain Treatment Guidelines Shoulder Complaints & Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 and ODG-TWC, Online Chapter: Fitness for Duty

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, pages137-138

Decision rationale: Pursuant to the ACOEM practice guidelines, the functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from 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's tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. In this case, the injured worker's working diagnoses are lumbosacral herniated disc, status post laminectomy fusion; left shoulder status post A/S; depression and anxiety. There is one progress note in the medical record dated June 2, 2014. This progress note appears in multiple areas within the body of the medical record. The documentation is insufficient to render a decision concerning functional capacity evaluation. Additionally, there is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Consequently, absent clinical documentation in the medical record (other than a single progress note), functional capacity evaluation is not medically necessary.