

Case Number:	CM14-0215994		
Date Assigned:	01/06/2015	Date of Injury:	08/26/2013
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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

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 patient is a 59-year-old female with an injury date of 08/26/2013. Based on the 09/11/2014 progress report, the patient complains of having neck pain and lower back pain which radiates into the upper and lower extremities with numbness and weakness. She also has left shoulder pain with decreased range of motion and weakness. The 10/27/2014 report indicates that the patient has posttraumatic stress disorder, panic attacks, acute stress disorder, panic disorder, sadness, and isolation. The 11/20/2014 report states that the patient continues to have neck and back pain which radiates into the bilateral upper extremities and lower extremities with pain/paresthesia, numbness. Physical examination shows spasm, tenderness, and guarding over the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. She has decreased sensation noted bilaterally in the C5, L5, and S1 dermatomes. The patient's diagnoses include the following: 1.Cervical radiculopathy. 2.Lumbosacral radiculopathy. The utilization review determination being challenged is dated 12/12/2014. Treatment reports are provided from 11/21/2013 - 10/27/2014.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, FCE

Decision rationale: The patient presents with left shoulder pain, neck pain, and lower back pain which radiates into the upper and lower extremities with numbness/weakness. The request is for a Functional Capacity Evaluation. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM Guidelines 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 maybe ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace. The 11/20/2014 report states, she is at her usual and customary work and is self-regulating an order to exacerbate her industrial injury. Given that she has declined any invasive intervention, it is our opinion that maximum medical improvement is being approached from an orthopedic standpoint. We are therefore requesting authorization to conduct a functional capacity evaluation, so that we may provide the patient with permanent work restrictions which allow her to remain in the workforce without exacerbating the industrial injury. We anticipate permanent and stationary status once the psychology evaluation is conducted and a functional capacity evaluation is completed. In this case, it is unknown if the request is from the employer or the treater. ACOEM supports FCE is asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence of FCEs predict the patient's actual capacity to do work. The requested functional capacity evaluation is not medically necessary.