

Case Number:	CM14-0065141		
Date Assigned:	07/11/2014	Date of Injury:	07/24/2013
Decision Date:	01/09/2015	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 and 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 57 year old female with an injury date of 07/24/13. Based on the 01/28/14 progress report, the patient complains of recurrent headaches associated with nausea, vomiting, dizziness, ringing in ears, loss of equilibrium, memory problems, problems focusing, and difficulty sleeping. She has neck pain which radiates into her bilateral upper extremity. She has both left and right shoulder/arm pain, left/right elbow pain, left/right hand pain, left/right wrist pain, middle-low back pain, left groin pain, and right/left foot pain. The 03/31/14 report states that the patient has a positive straight leg raise as well as a limited range of motion (not specified to what body part). The patient's diagnoses include the following cervical/thoracic/lumbar spine sprain/strain rule out herniated nucleus pulposus (HNP); bilateral shoulder sprain/strain rule out I.D; bilateral wrist/hand sprain/strain rule out I.D; bilateral knees sprain/strain rule out I.D; and bilateral elbows sprain/strain rule out I.D. The utilization review determination being challenged is dated 04/24/14. Treatment reports were provided from 01/28/14 - 06/24/14 (reports were hand-written and illegible).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Functional capacity evaluations, page 137-139

Decision rationale: According to the 04/28/14 report, the patient presents with pain in her cervical spine, lumbar spine, thoracic spine, bilateral shoulder, bilateral elbow, bilateral wrist/hand, bilateral knee, and bilateral feet/ankle. The request is for a Functional Capacity Evaluation. The 03/31/14 report indicates that the patient is to "remain off work." 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 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." Review of the reports does not state if the request was from the employer or the provider. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the provider does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. Therefore, this request is not medically necessary.