

Case Number:	CM15-0015274		
Date Assigned:	02/03/2015	Date of Injury:	08/07/2012
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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 injured worker is a 56 year old female who sustained a work related injury August 7, 2012. A primary treating physician's report dated November 17, 2014, reveals the injured worker has complained of overall neck/upper back pain, right sided cervicothoracic spine pain which has worsened since not having access to therapy. Right shoulder pain remains; pain along the right suprascapular region to the shoulder blade and right upper arm. There is mild numbness and tingling of the right hand. Diagnoses included cervicothoracic sprain/ strain; neuritis or radiculitis not otherwise specified, anxiety, generalized disorder; right shoulder sprain/strain with tendinopathy. Treatment plan included request for orthopedic consultation and request for authorization for a functional capacity evaluation. According to utilization review dated January 6, 2015, the request for Functional Capacity Evaluation (FCE) is non-certified, citing ODG TWC Fitness for Duty Guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE) Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining functionally unchanged without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms with pending orthopedic consultation. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs. Ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.