

Case Number:	CM15-0111444		
Date Assigned:	06/17/2015	Date of Injury:	03/30/2015
Decision Date:	07/16/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 37-year-old female with an industrial injury dated 03/30/2015. The injured worker's diagnoses include cervical spine strain, bilateral shoulder strain, bilateral elbow medial and lateral epicondylitis, bilateral wrist strain with right carpal tunnel syndrome, bilateral hand pain with bilateral thumb trigger finger, lumbosacral sprain with bilateral sciatica, bilateral hip pain, bilateral knee strain, bilateral ankle strain, bilateral plantar fasciitis and bilateral metatarsalgia. Treatment consisted of prescribed medications. In a progress note dated 05/20/2015, the injured worker reported pain at the bilateral wrist with radiation to her hands and forearms. Objective findings revealed slightly higher right shoulder, mild antalgic gait, tenderness along the cervical spine, upper trapezius, and thoracic spine muscles, positive cervical compression, decrease sensation of the left hand and left little finger, tenderness in bilateral shoulders, tenderness in the medial epicondyle of bilateral elbows and forearms, and tenderness of the lateral epicondyle of the left elbow and forearm. The treating physician also noted evidence of carpal tunnel syndrome in the right wrist, positive Tinel's on the right wrist, tenderness in the bilateral thumbs metacarpal, mild increased thoracic kyphosis, tenderness along the right lumbar paravertebral muscles, and spinous processes & bilateral sacroiliac (SI) joints. There was pain in the lumbar spine, bilateral ankles and heels with tiptoe walking or in an incomplete squat. The treating physician prescribed services for functional capacity evaluation now under review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE).

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. " The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. " The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more "general" and not advised by guidelines. ODG further states, Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Medical records do not indicate the level of case management complexity outlined in the guidelines. The medical documentation provided indicate this patient has been returned to work modified duty. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.