

Case Number:	CM15-0112570		
Date Assigned:	06/19/2015	Date of Injury:	11/17/2014
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 64 year old female, who sustained an industrial injury on 11/17/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder sprain/strain, status post right shoulder surgery, right knee internal derangement, right knee sprain/strain, right ankle sprain/strain, and foot sprain/strain. Treatment and diagnostic studies to date has included above noted procedure, physical therapy, chiropractic therapy, laboratory studies, and a medication regimen. In a progress note dated 04/28/2015 the treating physician reports complaints of constant, moderate, achy, dull pain to the right shoulder, and the right knee; complaints of constant, moderate, achy pain to the low back that radiates to the lower extremities; complaints of intermittent, moderate, achy left knee pain; and complaints of intermittent, mild, dull, achy right ankle pain. Examination reveals decreased and painful range of motion to the lumbar spine, right shoulder, and the left knee, tenderness to the bilateral sacroiliac joints, the lumbar paravertebral muscles, the acromioclavicular joint, the right shoulder, and the bilateral knees and joint line, muscle spasm to the lumbar paravertebral muscles, swelling to the right knee, and a positive Patellar Compression test to the right knee. The treating physician requested a job analysis and a functional capacity evaluation to return the injured worker to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Job Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, chapter 7.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate; a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG for a functional capacity evaluation. As there is no need for a FCE, there is not medical need for a job analysis and this request is not medically necessary.

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 (ODG), FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities; 2. Timing is appropriate; a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.