

Case Number:	CM15-0118040		
Date Assigned:	06/26/2015	Date of Injury:	06/09/2014
Decision Date:	07/28/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck, wrist, hand, knee, and low back pain reportedly associated with an industrial injury of June 9, 2014. In a Utilization Review report dated June 6, 2015, the claims administrator failed to approve a request for a Functional Capacity Evaluation (FCE). The claims administrator referenced a May 20, 2015 RFA form and associated May 27, 2015 progress note in its determination. Non-MTUS ODG Guidelines and non-MTUS Chapter 7 ACOEM Guidelines were seemingly invoked in the determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant apparently transferred care to a new primary treating provider, reporting multifocal complaints of neck pain, hand pain, wrist pain, upper extremity paresthesias, back pain, and leg pain. The applicant was placed off of work, on total temporary disability while physical therapy and 12 sessions of chiropractic manipulative therapy were endorsed. Lumbar MRI imaging was sought. The applicant was asked to pursue a Functional Capacity Evaluation (FCE). A psychological evaluation was also suggested. The applicant was placed off of work, on total temporary disability. Many of the requests were made using pre-printed checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE with functional improvement measures using NIOSH testing x30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 132-139 Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for a Functional Capacity Evaluation (FCE) with associated functional improvement measures and NIOSH testing is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was placed off of work, on total temporary disability, on the date of the request, May 27, 2015. It did not appear that the applicant had a job to return to. It did not appear that the proposed FCE would likely influence or alter the treatment plan. It was not clear, in short, why functional capacity testing was sought in the clinical and vocational context present here. Therefore, the request is not medically necessary.