

Case Number:	CM15-0167272		
Date Assigned:	09/04/2015	Date of Injury:	07/04/2013
Decision Date:	11/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 38 year old male who reported an industrial injury on 7-4-2013. His diagnoses, and or impressions, were noted to include: Dysesthesia; left hand carpal tunnel syndrome; left shoulder impingement with "AC" joint arthropathy and pain; chronic regional pain syndrome in the left arm; and difficulty managing healthcare issues. His treatments were noted to include: left cervical stellate ganglion block (4-29-15); psychological evaluation (5-7-15); physical therapy; a home exercise program; medication management; and return to work with a shortened day and with restrictions. The physical therapy progress notes of 7-28-2015, and pain psychology progress notes of 8-7-2015 reported: that he sustained an injury which impacted his experience of pain; that due to his developmental disability, psychologically, treatment was focused on behavioral interventions and education; that if he could improve his sleep it was likely he would experience improvement in his functioning; struggled with negative emotions around his pain; left neck, shoulder and upper extremity symptoms, and numbness in the left hand; that he had been compliant with and completed 9 out of 10 physical therapy sessions, and complained of worsening symptoms as he tried to do more at work with his left upper extremity. The objective findings were noted to include: that he continued to require instruction to manage his symptoms, to have realistic expectations, and to develop his home exercise program to assist in his functional level. The physician's request for treatment was noted to include that he would benefit from additional 10 sessions of physical therapy to learn how to progress his activity level; no requests for a functional restoration program was noted in the medical records provided. No Request for Authorization for a functional capacity evaluation was noted in the medical records provided. The Utilization Review of 8-17-2015 non-certified the request for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function 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) Treatment Index 13th Edition (web) 2015 Fitness for Duty , Functional capacity evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Prevention Chapter, Page 12.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting on precautions for modified job, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.