

Case Number:	CM15-0170603		
Date Assigned:	09/11/2015	Date of Injury:	02/21/2011
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female with an industrial injury dated 02-21-2011. Medical record review indicates she is being treated for internal derangement of the knee, rotator cuff syndrome, shoulder and cervical IVD disorder with myelopathy. She presents on 07-23-2015 with complaints of pain in the following areas: right and left anterior knee, right anterior shoulder, right anterior arm, right cervical dorsal, right mid thoracic, right posterior shoulder, right posterior arm, left shin, left ankle, left foot, left anterior leg, left calf, left posterior knee, left posterior leg, left buttock, sacral, left sacroiliac, left lumbar and left pelvic pain. She rated the discomfort as 5.5 on a scale of 10 with 10 being the worst and is noticeable approximately 80% of the time. The discomfort at its worst is rated as 10 and at its best is a 5. She notes her pain is better with medication and rest. Physical exam revealed palpable tenderness at right anterior shoulder, right anterior arm, right clavicular right anterior knee and left anterior knee. Right shoulder range of motion is as follows: Right flexion - 145, right extension - 30, right abduction - 145, right adduction - 30, right internal rotation - 60 and right external rotation - 60. Left knee flexion was 110 and left knee extension was 0. Right flexion was 120 and right extension was 0. Bilateral knee extension and flexion was 4 out of 5. Progress notes dated 04-30-2015, 06-11-2015 and 07-23-2015 note the injured worker was working without restrictions. The provider is requesting a functional capacity evaluation "to determine current work and activities of daily living capacity." The request for authorization dated 07-23-2015 is for functional capacity evaluation. The request for functional capacity evaluation was non-certified on 07-29-2015 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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: Functional capacity evaluation (FCE). (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in February 2011 and is being treated for neck, low back, left sacroiliac, and right upper and left lower extremity pain. When seen, her BMI was over 42. There was right upper extremity and bilateral knee tenderness. There was decreased right shoulder and left knee range of motion. There was bilateral knee joint line tenderness with crepitus and edema. There was decreased lower extremity strength. She was released to work without restrictions. A functional capacity evaluation is being requested to determine her current capacity. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant has been released to unrestricted work and a functional capacity evaluation is not medically necessary at this time. If she is unable to return to unrestricted work then a functional capacity evaluation to further the need for medically necessary work restrictions or limitations would be appropriate.