

Case Number:	CM15-0171893		
Date Assigned:	09/14/2015	Date of Injury:	10/15/2010
Decision Date:	12/03/2015	UR Denial Date:	08/14/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old male, who sustained an industrial injury on 10-15-2010. The injured worker was being treated for sacroiliitis not elsewhere classified, lumbago, back disorder not otherwise specified, adhesive capsulitis of the shoulder, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, and sprains and strains of the shoulder and upper arm. On 1-22-2013, the injured worker reported ongoing shoulder, lower back, and hip pain. On 4-17-2013, the injured worker reported he was doing about the same without new pain complaints. The injured worker reported bilateral hip pain. The records (1-22-2013 and 4-14-2013) note that the patient reports he can sit for less than 15 minutes before needing to stand, walk, or lie down; within 15 minutes of standing and-or walking, due to pain, he must change position by sitting or lying down; and a great amount of sleep disturbance with 3-5 hours of sleeplessness each night. On 4-17-2013, the injured worker reported he is trying to walk around the block and park daily. The physical exam (1-22-2013 and 4-17-2013) reveals painful movements of the left shoulder beyond 45 degrees, extension beyond 15 degrees, and abduction beyond 40 degrees. There are positive empty can, Hawkins, and Neer's tests. There is tenderness to palpation in the acromioclavicular joint. The treating physician noted a midline shift of the lumbar spine, flexion of 50 degrees, extension of 15 degrees, right lateral bending of 20 degrees, and left lateral bending of 25 degrees. There is spinous process tenderness at the bilateral L3-5 (lumbar 3-5). The treating physician noted painful movements of the neck with extension beyond 15 degrees, spasms and tenderness of the bilateral paravertebral muscles, normal heel and toe walk, and positive straight leg raise and Faber test. The treating physician noted left-sided sacral iliac joint

tenderness. Per the treating physician (7-10-2015 report) a residual functional capacity form could not be completed without a functional capacity evaluation. On 7-10-2015, there was no documentation of subjective complaints, functional improvement, and physical exam findings. Medical records (1-22-2013) indicate surgeries to date have included a back surgery, but was otherwise non-specific. Treatment has included shoulder injections, physical therapy, a home exercise program, and medications including Cyclobenzaprine, Hydrocodone-Acetaminophen, Zanaflex, Elavil, Lidoderm 5% patch, and Naproxen. Per the treating physician (4-17-2013 report), the injured worker was working full time without any modifications. The requested treatments included a functional capacity evaluation. On 8-14-2015, the original utilization review non-certified a request for a functional capacity evaluation. The documentation dated 10/30/15 states that the patient is not working at this time, and yet under work status states that the patient is currently working full time without any modifications and is employed full time.

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: Guidelines for performing Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty-Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity Evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. It is unclear why the patient needs an FCE from the documentation submitted. The documentation dated 10/30/15 states that the patient is not working at this time, and yet under work status states that the patient is currently working full time without any modifications and is employed full time. Without clarification for a rationale and why the patient's functional status cannot be completed through a routine history and physical examination the request for a functional capacity evaluation is not medically.