

Case Number:	CM15-0172462		
Date Assigned:	09/14/2015	Date of Injury:	10/20/2009
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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 50 year old female, who sustained an industrial injury on October 20, 2009. Medical records indicate that the injured worker is undergoing treatment for cervical radiculopathy, shoulder impingement, elbow tendinitis-bursitis and wrist tendinitis-bursitis. The injured worker was working with restrictions. Current documentation dated August 12, 2015 noted the injured worker reported neck and right upper extremity pain. Examination of the cervical spine revealed spasms, tenderness and guarding in the paravertebral musculature. Range of motion was decreased. Sensation was noted to be decreased in the right cervical-six dermatome. Right shoulder examination revealed mild impingement. Right wrist examination revealed a positive Phalen's and reverse Phalen's sign with decreased grip strength and distal radial tenderness. The treating physician noted that the injured worker was approaching maximum medical improvement. Treatment and evaluation to date has included medications, MRI, electrodiagnostic studies, a cervical epidural steroid injection and physical therapy. A current medication list was not found in the medical records. The treating physician notes that the injured worker had made repeated attempts to return to work in the formal capacity without success. The injured worker has also been attempting to work with restrictions. The treating physician recommended and requested a functional capacity evaluation. The Utilization Review documentation dated August 27, 2015 non-certified the request for a function capacity evaluation.

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, 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 Official Disability Guidelines (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.