

Case Number:	CM15-0063532		
Date Assigned:	04/09/2015	Date of Injury:	05/24/1999
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female patient who sustained an industrial injury on 05/24/1999. A primary treating office visit dated 02/18/2015 reported the patient being treated under the following diagnoses: status post L4-5 TLIF on 06/27/2013; possible sublabral tear left shoulder; history of L4-5 discectomy with recurrent disc herniation and radiculopathy; cervical spondylosis mild; right parameniscal cyst, and lumbosacral spondylosis. The patient is with subjective complaint of low back pain that radiates down bilateral legs, and radiates upwards to the neck and down the right arm. It is accompanied by paresthesia's to bilateral hands. Diagnostic testing to include: magnetic resonance imaging. She has undergone injections. The plan of care involved: discussion regarding nearing a plateau in treatment process; recommending the patient undergo a functional capacity evaluation, obtaining a urine drug screening and returning for follow up visit.

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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, pages 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations in her and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify the, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured workers working diagnoses are status post L4 - L5 decompression and instrumented fusion with TLIF on July 27, 2013; neck pain with right C7 radiculopathy; and bilateral carpal tunnel syndrome. Functional capacity evaluations may establish physical abilities and facilitate the employee employer relationship for return to the workplace. Functional capacity evaluations are recommended when the injured worker is actively participating in determining the suitability for particular job. In this case, neither the job the patient will be returning to northern functional demands of the job have been provided. Additionally, there is little scientific evidence confirming functional capacity evaluations predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, functional capacity evaluation is not medically necessary.