

Case Number:	CM15-0064039		
Date Assigned:	05/20/2015	Date of Injury:	09/09/2002
Decision Date:	06/18/2015	UR Denial Date:	03/17/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77-year-old male who sustained an industrial injury on September 9, 2002. He has reported back pain, right shoulder pain, and right knee pain and has been diagnosed with status post cervical spine fusion C5-T1 x 2 with residual pain, rule out cervical radiculopathy, status post right shoulder arthroscopy with residual pain, right wrist sprain/strain rule out derangement, thoracic spine sprain/strain rule out disc displacement, lumbago, lumbar spine sprain/strain rule out disc displacement, rule out lumbar radiculopathy, status post right knee arthroscopy with residual pain and left knee sprain/strain rule out medical meniscal tear. Treatment has included medications, surgery, and activity restrictions. The cervical spine showed plus two tenderness to palpation at the sub occipital, scalene, and sternocleidomastoid muscles with decreased range of motion. The thoracic spine showed plus two tenderness over the spinous process T3, T4, T5. There was bilateral thoracic paraspinal muscle guarding with decreased range of motion. There was tenderness to bilateral knees with decreased range of motion. The treatment request included 1 functional 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 (ODG), Fitness For Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient continues to treat for ongoing significant symptoms with further plan for treatment, remaining functionally unchanged without significant improvement from this chronic injury. Diagnoses are unchanged and it appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms *s/p* conservative care of therapy, medications, and modified activities/rest. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.