

Case Number:	CM15-0067779		
Date Assigned:	04/15/2015	Date of Injury:	11/27/2012
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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, Hawaii

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 54-year-old female, who sustained an industrial injury on 11/27/2012. She reported injury to her cervical and lumbar spines due to continuous trauma. The injured worker was diagnosed as having cervical spine strain, with possible discopathy, with radiculopathy in the upper extremities, thoracic spine strain, and lumbar spine strain. Treatment to date has included diagnostics, acupuncture, and medications. Currently, the injured worker complains of intermittent and moderate pain to her neck, mid back, and low back. She also reported radicular pain to her bilateral upper extremities, with numbness and tingling in her hands, and radicular pain into her left hip, with associated numbness and tingling. The requested treatment included a Functional Capacity Evaluation. Work status was full duty with no restrictions as of 3/12/2015.

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 CA MTUS 2009: ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, Independent medical examinations and consultations, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Functional Capacity Evaluation, Chapter 7, pages 137-139.

Decision rationale: According to the records, the patient has ongoing neck, mid and low back pain with associated pain, numbness and tingling in the upper and lower extremities. The current request is for Functional Capacity Evaluation. Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The attending physician offers no explanation for requesting an FCE. As such, recommendation is for denial. The request is not medically necessary.