

Case Number:	CM15-0088930		
Date Assigned:	05/13/2015	Date of Injury:	07/11/2014
Decision Date:	12/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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 53 year old female injured worker suffered an industrial injury on 7-11-2014. The diagnoses included cervical disc displacement and cervicgia, lumbago, lumbar disc protrusion with radiculitis and right-left wrist enthesopathy. The medications in use were Naproxen and Pantoprazole. On 3-23-2015 the provider reported constant, moderate cervical pain and lumbar constant, severe low back pain. On exam the cervical and lumbar spine had restricted range of motion. Cervical compression was positive on the right. Both wrists were tender with reduced range of motion. A comprehensive pain assessment was not included in the documentation. Prior treatments included physical therapy 12 sessions 4-2015. The medical record did not include progress report from the physical therapist. The medical record did not included rationale for the requested Functional Capacity Evaluation. Utilization Review on 4-10-2015 determined non-certification for 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: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-

MTUS Citation Official Disability Guidelines: Fitness for Duty - Functional capacity evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Activity, Work.

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 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 job, 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 cervical disc displacement; cervicalgia; lumbago; lumbar disc protrusion; lumbar radiculitis; right wrist enthesopathy; left wrist enthesopathy and anxiety. Date of injury is July 11, 2014. Request for authorization is April 3, 2015. According to a March 23, 2015 progress note, subjective complaints include ongoing cervical spine and lumbar spine pain. There are no right or left wrist subjective complaints. The injured worker suffers with anxiety. Objectively, there is decreased range of motion in the cervical and lumbar spine. The treatment plan indicates the treating provider is requesting additional physical therapy, a psychological evaluation, and EMG and nerve conduction velocity studies. There is no documentation the injured worker is close to maximal medical improvement. Additional diagnostic testing is being requested along with additional physical therapy. There is no documentation of prior unsuccessful return to work attempts. Based on the information in the medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker is close to maximal medical improvement based on additional diagnostic testing, consultation and additional physical therapy requested and no prior unsuccessful return to work attempts, functional capacity evaluation is not medically necessary.