

Case Number:	CM15-0091747		
Date Assigned:	05/18/2015	Date of Injury:	05/08/2013
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 61 year old male, who sustained an industrial injury on May 8, 2013, incurring cervical spine, left wrist and right knee injuries after tripping and falling. He was diagnosed with cervical spondylosis with severe central canal stenosis with spinal cord compression, multilevel spondylosis, and rotator cuff tear, glen humeral osteoarthritis, left wrist contusion, right knee meniscus tear. Treatments included 40 sessions physical therapy providing mild relief, occupational therapy, needle aspiration of the knee, steroid injections to his shoulder, transcutaneous electrical stimulation unit, pain medications, anti-inflammatory drugs, heat, ice application, neurological consultation and the use of a cane. He underwent cervical spine surgery September 3, 2013, and suffered a postoperative cerebrovascular accident causing left spastic hemiparesis. Currently, the injured worker complained of ongoing neck pain and left shoulder pain, left sided weakness and sleep disturbance. The treatment plan that was requested for authorization included a 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, per 02/06/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138.

Decision rationale: The requested Functional Capacity Evaluation, per 02/06/15 order, is not medically necessary. CA MTUS the American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has ongoing neck pain and left shoulder pain, left sided weakness and sleep disturbance. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional Capacity Evaluation, per 02/06/15 order is not medically necessary.