

Case Number:	CM15-0092686		
Date Assigned:	05/19/2015	Date of Injury:	12/04/2012
Decision Date:	09/04/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 12-4-12. Diagnoses are headaches, cervical spine degenerative disc disease, rule out radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral acromioclavicular joint arthritis, bilateral wrist pain, bilateral avascular necrosis of the lunate, bilateral wrist subchondral cyst, low back pain, lumbar spine disc displacement, lumbar spine disc degeneration, rule out lumbar radiculopathy, bilateral knee joint effusion, derangement of posterior horn of medial meniscus right knee, other specified mood disorders, anxiety disorder, stress, and sleep disorder. The injured worker complains of headaches with pain rated as 4-5 out of 10. She also complains of neck pain rated as 5 out of 10 and it radiates to the bilateral upper extremities and is associated with numbness and tingling. Bilateral shoulder pain is rated as 6-7 out of 10. Bilateral wrist pain is rated as 5-6 out of 10 and is associated with muscle spasm. There are also complaints of lower back pain and muscle spasms rated as 7 out of 10. Bilateral knee pain is noted as burning and sharp and rated at 6-7 out of 10. It is noted that the injured worker is frustrated by her injury and is experiencing stress, insomnia, anxiety and depression brought on by her chronic pain, physical limitations, inability to work and uncertain future. Cervical Distraction is positive. A supraspinatus test is positive bilaterally. She is able to heel-toe walk with pain. Lumbar range of motion is decreased. Straight leg raise, Sitting root, Kemp's test and Tripod sign are all positive. Knee range of motion is decreased. McMurray's test is positive on the left. Work status is to remain off work 3-6-15 through 4-9-15. The treatment plan is a referral for a Functional Capacity Evaluation, awaiting psychologist consultation, Terocine Patches and to continue taking medications for pain. The requested treatment is 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.