

Case Number:	CM15-0095260		
Date Assigned:	05/21/2015	Date of Injury:	12/26/2013
Decision Date:	07/02/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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 53-year-old male, who sustained an industrial injury on December 26, 2013. He reported slipping and falling off a crane, with a misplaced fifth metatarsal fracture and a concussion. The injured worker was diagnosed as having pain in shoulder joint status post left shoulder arthroscopy and closed right 5th metatarsal fracture. Treatment to date has included x-rays, MRIs, cam walker and casting of the right ankle, left shoulder surgery, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of pain of multiple body parts, including the right foot, left shoulder, and neck pain, with weakness in the left upper extremity, depression, and dizziness. The Treating Physician's report dated May 8, 2015, noted the injured worker reported not working at the time, and did not know how he would be able to return to work secondary to his chronic pain. The injured worker was noted to have an antalgic gait, with right foot tenderness to palpation over the right fifth metatarsal. Examination of the left shoulder revealed tenderness to palpation with muscle tension at the left shoulder. The injured worker was noted to have a decrease in function and activities of daily living (ADLs), with persistent chronic pain and failed conservative treatments. The treatment program was noted to include a recommendation for a functional restoration program, as the injured worker's pain would be best treated in a multidisciplinary program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Exam (FCE) evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: Based on the 05/08/15 progress report provided by treating physician, the patient presents with pain to left shoulder and right foot. The patient is status post left shoulder arthroscopy 05/08/14, per operative report. The request is for functional capacity exam (FCE) evaluation. RFA not provided. Patient's diagnosis on 05/08/15 included pain in joint shoulder - S/P left shoulder arthroscopy, and closed fracture metatarsal, right 5th. Patient's gait is antalgic. Physical examination to the left shoulder on 05/08/15 revealed tenderness to palpation with muscle tension. Examination of the right foot revealed tenderness to palpation over the right fifth metatarsal. Treatment to date has included surgery, imaging studies, cam walker and casting of the right ankle, physical therapy, home exercise program (HEP), and medications. The patient may work modified duty with restrictions, per 05/13/15 report. Treatment reports were provided from 01/22/14 - 05/13/15. Regarding functional capacity evaluation, ACOEM Guidelines Chapter 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. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness For Duty, Low Back, Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally." Per 05/08/15 report, treater states, "we do believe the patient's pain would best be treated in a multidisciplinary program. He continues to have decrease in function and activities of daily living. He has persistent chronic pain and exhibits field coping mechanisms. He is unable to return back to full duty work and does not know how he can return back to work secondary to his chronic pain. He has failed conservative treatment." Treater has not provided reason for requesting a functional capacity evaluation. Functional capacity evaluations are recommended by ODG as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations is as good as what can be obtained via an FCE. This patient does not meet guideline criteria for such an evaluation. Therefore, the request is not medically necessary.