

Case Number:	CM15-0097395		
Date Assigned:	05/28/2015	Date of Injury:	02/23/2013
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/20/2015

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 injured worker is a 55 year old female, who sustained an industrial injury on 02/23/2013. She reported injury to her low back and left knee. Treatment to date has included medications, physical therapy and right knee injections. According to an initial evaluation report dated 04/06/2015, the injured worker complained of continuous left shoulder pain with pain radiating to the left upper arm, instability of the left shoulder as well as clicking, popping and grinding type sensations, continuous low back pain accompanied with numbness, tingling and burning type sensation and continuous left knee pain with swelling, popping and clicking type sensations. Past surgical history included left knee surgery in 09/2013 and right knee surgery in 2005 (not work related). Current medication regimen included Ibuprofen. Diagnoses included status post left knee surgery. The treatment plan included MRI of the left knee and an orthopedic evaluation. According to the provider, the injured worker was not able to really ambulate or stand for any period of time and would probably require a sit down job only. Medications were to included Naprosyn, Protonix and Cyclobenzaprine. Due to left shoulder pain and low back pain, the provider requested authorization to treat those areas. The injured worker was not permanent and stationary, had not reached maximum medical improvement, and needed further treatment. Work status included modified work duties with restrictions of no kneeling and a sit down job only. The provider requested authorization to obtain an initial functional capacity evaluation. Currently under review is the request for an initial function capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness For Duty Chapter (updated 04/27/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines; page Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, initial 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 worker's working diagnosis is status post left knee surgery. According to the September 2013 progress note, the injured worker sustained injury to the left knee and the left shoulder. The worker underwent surgery for the left knee that did not provide benefit. The injured worker had physical therapy that did not provide benefit. According to an occupational medicine initial evaluation, the injured worker did not reach maximum medical improvement, required an updated MRI, needed further treatment and was going to return to work modified duty. There is no clinical indication or rationale for the functional capacity evaluation. 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. There is no documentation with prior unsuccessful return to work attempts. Consequently, absent clinical documentation with a clear-cut clinical indication and rationale, no unsuccessful return to work attempts, initial functional capacity evaluation is not medically necessary.