

Case Number:	CM14-0078661		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2012
Decision Date:	08/07/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/29/2014

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 56 year old female, who sustained an industrial injury on February 9, 2012, incurring, back and upper extremity injuries. She was diagnosed with cervical radiculopathy and carpal tunnel syndrome and double crush syndrome. Treatment included physical therapy, anti-inflammatory drugs, pain medications, muscle relaxants, proton pump inhibitor, topical analgesic patches, and work modifications with restrictions. Currently, the injured worker complained of persistent pain of the right upper extremity with swelling of the arm and wrist. She has continued pain, spasms and tenderness of the cervical spine, right shoulder and right upper extremity. 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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 worker's working diagnoses are joint pain; pain elbow; and pain shoulder. The date of injury is February 9, 2012. The request for authorization is April 25, 2014. A progress note dated December 16, 2013 states the injured worker subjectively has right upper extremity pain. The treating provider is requesting physical therapy. According to a January 20, 2014 progress note, the injured worker is making progress with physical therapy. There is no work status or attempted return to work attempts documented in the medical record. A progress note dated April 11, 2014 (request for authorization April 25, 2014) consists of a check the box medication list. There are no subjective complaints or objective clinical findings, no assessment and no treatment plan in the medical record. There is no clinical indication or rationale for a functional capacity evaluation. Consequently, absent clinical documentation with a contemporary progress note dated April 11, 2014 with a clinical indication and rationale for a functional capacity evaluation, functional capacity evaluation is not medically necessary.