MAXIMUS Federal Services

Case Number:	CM13-0013874		
Date Assigned:	12/27/2013	Date of Injury:	07/06/2008
Decision Date:	02/19/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was a 31 year old female with complaints of neck pain resulting from repetitive motion in September 2007. The patient stated that she had an additional injury on 07/06/2008 when she was lifting a cash register and it got pulled down by a box of grocery bags. The patient was considered at maximum medical improvement on 01/19/2010 for her cervical spine pain. The patient was seen on 10/10/2013 with complaints of limitations in ability to perform ADLs without assistance. There were no objective findings to corroborate her complaints of limitations submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for a functional capacity evaluation is non-certified. The guidelines recommend an assessment to include other objective observers, including the employer or onsite occupational health professional, with regard to abilities and effectiveness at work. The patient filled out a questionnaire regarding ADLs and her limitations. However, the documentation submitted for review did not have current objective findings of patient limitations. It is unclear if the patient was employed at the time of the request. The guidelines further recommend goals for functional recovery be framed with reference to an established baseline. The documentation submitted for review did not include a time-frame for the patient's recovery. The patient was noted as still pending an MRI of her left shoulder and a spinal tap. A functional capacity evaluation would not be effective given the patient could not have a trajectory of recovery without knowing the results of the pending studies. Given the information submitted for review the request for a functional capacity evaluation is non-certified.