

Case Number:	CM13-0014181		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2012
Decision Date:	08/05/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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/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:

This patient is a 44-year-old employee with date of injury of 5/8/2012. The medical records indicate the patient is undergoing treatment for myofascitis/muscle spasm; pain in the cervical spine; stress; insomnia; pain in the lumbar spine and right shoulder. Subjective complaints include neck pain, numbness and weakness. She also complains of right shoulder and right hip pain. Objective findings include painful range of motion of the cervical and lumbar spine; pain on palpation; taut muscles/spasm of the cervical and lumbar spine and right shoulder. She has positive orthopedic tests of the cervical spine and right shoulder. The treatment has consisted of acupuncture, two times weekly for six weeks; shockwave therapy; referred for an orthopedic surgery consultation; referral for pain management consultation, diclofenac, compounding cream and injections. The utilization review determination was rendered on 8/5/2013 recommending non-certification of one functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42, Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The CA MTUS provides specific guidance when a functional capacity evaluation (FCE) should be done. The CA MTUS states that the worker must be no more than two years past date of injury. Workers that have not returned to work by two years post injury may not benefit. The ACOEM guidelines state that consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. Additionally, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines (ODG) states consider an FCE if: 1). Case management is hampered by complex issues such as: - Prior unsuccessful return to work attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2). Timing is appropriate: Close or at maximum medical improvement (MMI)/all key medical reports secured. Additional/secondary conditions clarified. The medical documents provided do not indicate that any of the above criteria were met. It is two years past the date of injury. The patient is still undergoing treatment and is not noted to be at MMI or close to MMI. In addition, the treating physician has not detailed the vocational plan and a job description. As such, the request for one functional capacity evaluation is not medically necessary.