

Case Number:	CM13-0015033		
Date Assigned:	10/04/2013	Date of Injury:	03/18/2009
Decision Date:	02/07/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 is a 48-year-old female who reported an injury on 03/18/2009. The patient is diagnosed with carpal tunnel syndrome, psychological stress, lumbar sprain and strain, lumbar disc displacement, and pain in a limb. The patient was seen by [REDACTED] on 04/26/2013. Physical examination was not provided. Treatment recommendations included a Functional Capacity Evaluation to establish baseline level of function.

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.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) / American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. As per the clinical notes submitted, there is no evidence of prior unsuccessful return to work attempts. There is also no evidence that the patient has reached or is close to maximum medical improvement. There is no evidence of a

defined return to work goal or job plan, which has been established, communicated, and documented. Based on the clinical information received, the medical necessity for the requested service has not been established. As such, the request is non-certified.