

Case Number:	CM13-0016131		
Date Assigned:	10/11/2013	Date of Injury:	10/06/2010
Decision Date:	09/17/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	08/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 61-year-old female who reported an injury on 10/06/2010, due to lifting heavy cases over her head, started to experience neck pain. The injured worker had a diagnosis of cervical radiculopathy. The MRI of the cervical spine dated 11/05/2010, revealed advanced multilevel degenerative disc disease with questionable impingement of the C4 on the left and questionable impingement on the C6 and C7 along with right exiting roots at the C4-5. The diagnostics dated 11/18/2010, revealed C5 denervation. The past surgical procedures included an anterior cervical discectomy and fusion. The past treatments included acupuncture, 6 postoperative physical therapy sessions and an additional 18 sessions of physical therapy and injections. The objective findings dated 07/31/2013, of the cervical spine revealed bilateral tenderness to the paraspinal muscles and positive midline tenderness at the cervical spinous process. The range of motion of the cervical spine revealed slightly restricted, Spurling's maneuver was positive on the right. The strength was decreased on the right at the biceps in the C6 distribution and sensation was decreased on the right at the C5. The medications included Medrox patches and Cymbalta. No VAS provided. The treatment plan included a Functional Capacity Evaluation. No authorization was submitted with documentation. The rationale for the Functional Capacity Evaluation prior to decisions for restrictions or impairment rating.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Official Disability Guidelines indicate that a Functional Capacity Evaluation is recommended prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the functional Capacity Evaluation is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 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. Timing is appropriate close or at MMI/all key medical reports secure. Additional and/or secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. The documentation did not indicate why the injured worker needed a Functional Capacity Evaluation. As such, the request for Functional Capacity Evaluation is not medically necessary.