

Case Number:	CM13-0029724		
Date Assigned:	11/01/2013	Date of Injury:	02/08/2010
Decision Date:	12/17/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/27/2013

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 Geriatrics and is licensed to practice in New York. 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 52 year old man with a date of injury of 2/8/10. He was seen by his orthopedic physician on 8/28/13 with complaints of headaches, right neck pain with radiation to the right upper extremity and right shoulder pain. His exam showed decreased range of motion of the cervical spine with tenderness of the right paraspinal and right trapezius musculature. He had reduced shoulder range of motion and wrist range of motion. He had negative Tinel's, Phalen's and Finkelstein tests. He was to return to usual and customary duties as of a 7/29/13 visit with his primary treating physician and his diagnoses then included right elbow mild later epicondylitis, bilateral wrist tend/CTS, cervical spine strain/sprain with radiculopathy, stress/anxiety/sleep loss and TFCC tear. At issue in this review is the request for a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21.

Decision rationale: There is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries. Such evaluations can translate medical impairment into functional limitations and determine work capability. This worker was already returned to normal and customary work duties one month prior. The records do not support that he has had prior unsuccessful return to work attempts to substantiate the medical necessity for a functional capacity evaluation. Therefore, the request is not medically necessary.