MAXIMUS Federal Services

Case Number:	CM13-0030618		
Date Assigned:	01/22/2014	Date of Injury:	07/01/2011
Decision Date:	03/25/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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:

This is a 54-year old female with a date of injury of 7/01/11. Mechanism of injury was a slip and fall on a wet floor, falling to her right side and initially injuring her neck, left shoulder, back and right leg. The patient failed conservative measures, and had a cervical discectomy/fusion on 2/01/12. The patient had right shoulder arthroscopy on 7/21/12. She is currently under the care of an orthopedic specialist who is also treating for a lumbar disc herniation with S1 radiculopathy and carpal tunnel syndrome. While under the care of the orthopedist, the patient has remained TTD throughout 2013 reports. The patient was seen by an orthopedic QME on 5/15/13. He deemed the patient Permanent and Stationary for diagnoses of cervical strain/degenerative disc disease, cervical facet arthropathy, s/p cervical discectomy/foraminotomy/fusion, lumbar strain/degenerative disc disease, and right shoulder impingement/partial RTC tear/biceps tendinitis s/p arthroscopic surgery. Permanent work restrictions were recommended at the time. Impairment rating was calculated. On 10/01/13, the treating physician requested an FCE to assist in an AMA impairment rating. This was submitted to Utilization Review on 10/10/13, and it was not recommended for certification. The UR physician did note the prior QME that already rated this patient. 11/05/13 follow-up report notes that the FCE was done on 10/25/13, and there were recommendations for her work capabilities. Despite this, the treating physician kept the patient TTD.

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 Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Physician Reviewer's decision rationale: Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, the patient has already been made Permanent and Stationary by a QME, and repeating this test for determination of permanent work restrictions or impairment rating is not medically necessary. It should be noted that even though this was denied in UR, the FCE was done, and in follow-up, the patient was kept TTD despite recommendations made for safe restrictions. There was no medical necessity for this FCE.