

Case Number:	CM13-0031519		
Date Assigned:	12/04/2013	Date of Injury:	02/05/2013
Decision Date:	01/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and 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

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 26 year old male who reported an injury on 02/15/2013. The mechanism of injury was reaching for a 15 pound box of food. The patient diagnoses included thoracic disc displacement. The clinical note dated 07/24/2013 reported the patient complained of occasional moderate pain the right shoulder and mid back. The pain was aggravated by prolonged standing, walking, sitting, and forward bending at the waist. Thoracic spine examination revealed active range of motion flexion 60/55, extension 10/10, left bending 15/20, right pending 15/20, left rotation 30/30, and right rotation 30/30. Shoulder examination revealed active range of motion flexion 155/180, extension 43/45, abduction 135/180, adduction 45/45, external rotation 90/90, and internal rotation 63/90. There were no diagnostics studies to review. The patient was referred for physical therapy and chiropractic treatments. The patient had a qualified functional capacity evaluation done on 10/18/2013, which was after the completion of physical therapy. The results of the functional capacity evaluation were the patient did not meet the strength requirements for his job.

IMR ISSUES, DECISIONS AND RATIONALES

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

One qualified 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 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: California MTUS/ACOEM states, the first step in managing delayed recovery is to document the patient's current state of functional ability (including activities of daily living) and the recovery trajectory to date as a time line. As a starting point for the assessment, obtain a complete history from the patient and other objective observers, including the employer or onsite occupational health professional, with regard to abilities and effectiveness at work. Goals for functional recovery can then be framed with reference to this baseline. Official Disability Guidelines recommends functional capacity evaluation prior to admission to a work hardening program, conflicting medical reporting on precautions and/or fitness for modified job, and if there has been a failed return to work attempt. There is no discussion in the medical record of the patient entering into such a program. The evaluation of the patient on 07/24/2013 corroborates with the functional capacity evaluation on 10/18/2013. There are no clinical findings to suggest anything has changed in reference to the patient functional levels. Therefore, the medical necessity for another functional capacity evaluation has not been proven. As such the request for one qualified functional capacity evaluation is non-certified