

Case Number:	CM13-0034213		
Date Assigned:	12/06/2013	Date of Injury:	02/07/2012
Decision Date:	02/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pain Management 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 female patient with a date of injury of February 7, 2012. A utilization review determination dated September 23, 2013 recommends, noncertification for a functional capacity evaluation. Noncertification is recommended as, "record review does not reveal a specific vocational plan of care or any particular job description of positions that were available to the patient and needed further analysis to address suitability to return to work... In addition, the patient was noted to have suffered a recent subarachnoid bleed and aneurysm clipping in September, and medical clearance to participate in the FCE would be required." A progress report dated April 22, 2013 includes subjective complaints stating, "she reports that she had acute subarachnoid bleed in September 2012 that came on with a burning headache sensation. She was found to have several aneurysms that were clipped and one had bled causing the headache. There is no other neurologic compromise. She remains under the care of neurosurgeons. She returns to my office complaining of increasing neck pain. Her pain is severe, associated with neck movement. The pain radiates down her spine with symptoms of lhermitte." The physical examination identifies, "her cervical spine range of motion is guarded. She has positive axial head compression bilaterally. She has moderate right greater than left cervical spine tenderness. Right shoulder abduction is limited to 120° of flexion and abduction. She has positive right shoulder impingement sign. Right Jamar is 10 and left 30." Diagnoses include cervical spondylosis, lumbar musculoligamentous sprain/strain, right shoulder impingement, and history of subarachnoid bleed and aneurysm clipping. Treatment plan states, "updated imaging study is indicated in light of the left leg clonus, brisk reflexes, and findings of myelopathy."

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. Official Disability Guidelines (ODG) state that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful turn to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, it does not appear that the patient is close to or at maximum medical improvement, as the requesting physician feels that additional imaging is still indicated. In the absence of clarity regarding his issues, the currently requested functional capacity evaluation is not medically necessary.