

Case Number:	CM13-0042717		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2013
Decision Date:	04/22/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Interventional Spine 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 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 patient is a 57 year old female with a date of injury of 03/05/2013. According to report dated 10/14/2013 by [REDACTED], the patient presents with wrist, hand and hip pain. The pain is described as dull, achy, throbbing, shooting, and stabbing. Severity is 4/10 with some radiation and tingling. There is positive spasm and tenderness with decreased strength. It is unclear which body part the treater is referring to. There is no other examination findings noted. There is no list of medication. Eight other progress reports have similar vague findings. The request is for retrospective functional capacity measurement, 13 special reports, 1 prolonged evaluation and management of services. None of these reports dating from 05/12/2013 to 10/14/2013 provide any discussions regarding the requested items. There is no Request for Authorization for the items requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY MEASUREMENT:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-139.

Decision rationale: This patient presents with wrist, hand and hip pain. The request is for retrospective of functional capacity measurement. The utilization review states an FCE was performed on 07/19/2013. This report was not provided for my review. ACOEM guidelines do not support routine use of Functional Capacity Evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster requests for it. In this request, the treating physician does not discuss why a FCE is being requested. FCEs are indicated if there is a specific or special need and when it is requested by the claims adjuster or the employer. Recommendation is for denial.

RETROSPECTIVE REQUEST FOR 13 SPECIAL REPORTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Official Disability Guidelines (ODG), Fitness for Duty.

RETROSPECTIVE REQUEST FOR 1 PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE TO FACE) PATIENT CARE; FIRST HOUR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RETROSPECTIVE REQUEST FOR 1 WORK TOLERANCE TESTING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RETROSPECTIVE REQUEST FOR 1 ACTIVITIES OF DAILY LIVING TESTING:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.