MAXIMUS Federal Services

Case Number:	CM13-0043118		
Date Assigned:	03/24/2014	Date of Injury:	08/09/2011
Decision Date:	07/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine, 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 60-year-old female who has submitted a claim for cervicobrachial syndrome (diffuse), sprain of neck and disorders of bursae and tendons in shoulder region, unspecified associated with an industrial injury date of August 9, 2011. The patient had complaints of neck pain radiating to the right shoulder. She also reports difficulty sleeping due to pain, anxiety and spasms. Physical examination revealed weakness, bilaterally diminished sensation and hyperactive reflexes in the upper extremities; and a positive bilateral Hoffmans test. The treatment plan included a request for functional restoration program due to depressed mood and anxiety, and a functional capacity evaluation. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy and aquatic therapy. Utilization review from October 18, 2013 denied the request for functional capacity evaluation because the patient has not reached maximal medical improvement. The request for functional rehabilitation program evaluation was also denied due to progressive neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, an AME dated June 29, 2012 stated that the patient was unable to return to her prior job duties due to inability to perform prolonged sitting activities. However, there was no objective evidence to support the claim. Moreover, the patient is far from maximal medical improvement based on subjective and objective findings of persistent neck pain and neurologic deficits. The guideline criteria were not met. Therefore, the request for FUNCTIONAL CAPACITY EVALUATION (FCE) is not medically necessary.

FUNCTIONAL REHABILITATION PROGRAM EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION PROGRAMS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 31-32.

Decision rationale: Pages 31-31 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that functional restoration program participation may be considered medically necessary when all of the following criteria are met: an adequate and thorough evaluation including baseline functional testing; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; there is significant loss of ability to function independently; the patient is not a candidate where surgery or other treatments would clearly be warranted; the patient exhibits motivation to change; and negative predictors of success have been addressed. In this case, the medical records failed to provide a thorough patient evaluation or baseline function testing. There was no objective evidence of treatment failure with conservative management and loss of ability to function independently. Furthermore, other available treatment modalities including surgery and negative predictors of success were not addressed. The guideline criteria were not met. Therefore, the request for FUNCTIONAL REHABILITATION PROGRAM EVALUATION is not medically necessary.