MAXIMUS Federal Services

Case Number:	CM13-0045271		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	04/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 and is licensed to practice in Arizona. 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 49-year-old male with a date of injury on 9/10/2009. He was injured after being hit by a clamp fork when he was unloading boxes and was hit in the head, middle, upper back and lower back. Subsequently, he was diagnosed with cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, sacroiliitis and tension headaches. The patient underwent MRI studies of the cervical and lumbar spine. Cervical disc protrusion is noted at C3-4 as well as C4-5 and a small disc protrusion at C6-7. MRI of the lumbar spine showed small disc bulges at multiple levels. A disc protrusion was found encroaching right S1 nerve root. The patient underwent significant treatment including physical therapy and pain medications. Substantial recovery has not been documented. He did not return to work. The treating physicians recommended qualified functional capacity evaluation between 10/8/13 and 11/22/13. A medical reviewer on 10/11/13 did not certify the need for such testing Final Determination Letter for [redacted] 3 based on the fact that there is no adequate documentation of maximal medical improvement, failed attempt at return to work. Further review of records particularly physical therapy notes described functional limitations and range of motion. One evaluation was performed on 8/28/13 outlining physical limitations, range of motion and activities of daily living. The patient was declared temporarily totally disabled until 10/28/13 but was not considered to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

A QUALIFIED FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 215-240.

Decision rationale: This patient has multiple areas of the body involved since the work related injury. He has undergone substantial treatment but with inadequate recovery. He has been on temporary disability but not considered to be stationary and has not reached maximal medical improvement. From the attending physician's notes, it is not clear whether he has released him to return to work. The MTUS guidelines and the American college of occupational and environmental medicine described in detail the need to return to work and functional evaluation. Full medical recovery is not always considered to be necessary for a patient to return to employment. However, in this case it is not clear from medical records as to when he will be ready to be released to work. Therefore qualified functional capacity evaluation does not seem to be necessary at this time.