

Case Number:	CM13-0046207		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2006
Decision Date:	04/30/2014	UR Denial Date:	10/10/2013
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 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:

10/1/13 progress report indicates chronic pain complaints and NSAID use, resulting in rectal bleeding. The patient underwent a GI workup including EGD and colonoscopy. Discussion Final Determination Letter for IMR Case Number [REDACTED] identifies that the patient has problems with activities of daily living. The patient was exposed to dust, chemicals at work and has difficulty breathing. Physically exam on 7/9/13 indicates right occipital tenderness, bilateral TMJ tenderness, bimaxillary tenderness, lateralized Weber test to the right, positive Romberg test, left wrist tenderness with a dorsal ganglion cyst, right wrist tenderness, bilateral shoulder tenderness, bilateral knee tenderness, positive Tinel's sign at both wrists. Treatment to date has included medication, psychological evaluation, lumbar ESI, surgery, acupuncture, and aquatic therapy. 11/1/13 neurocognitive assessment computes that CBT is recommended. There is documentation of a 10/10/13 adverse determination for lack of available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

A FUNCTIONAL CAPACITY EVALUATION: Upheld

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

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, Chapter 7, pages 132-139, as well as the Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

Decision rationale: CA MTUS states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. Therefore, the request was not medically necessary.