

Case Number:	CM13-0048261		
Date Assigned:	06/09/2014	Date of Injury:	08/01/2011
Decision Date:	07/29/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 injured worker is a 64 year old male who reported an injury on 08/01/2011. Mechanism of injury is unknown. The injured worker complained of constant cervical spine pain with numbness that radiated to his left shoulder with cramping and numbness. The injured worker rated his pain at an 8/10 on VAS. Physical examination of the cervical spine revealed that range of motion decreased. The injured worker had a flexion of 45/50 degrees and extension of 55/60 degrees with pain. Left bilateral bending of 40/45, right lateral bending of 40/45, left rotation on 65/80 and right rotation of 65/80. There was +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. There was muscle spasm of the cervical paravertebral muscles and bilateral trapezii. Cervical compression and shoulder depression caused pain. Examination of the left shoulder revealed that range of motion were decreased and painful. There was +3 tenderness to palpation of the anterior shoulder. There was muscle spasm of the anterior shoulder. Hawkins's and Speed's caused pain. The injured worker has diagnoses of status post-concussion with brief loss of consciousness, cervical disc herniation's, annular tears, hypertrophy and stenosis, thoracic sprain/strain, lumbar degenerative disc disease, disc protrusions stenosis spondylosis, L1 hemangioma, left shoulder supraspinatus tear with retraction, AC joint osteoarthritis, status post left shoulder surgery, bilateral carpal tunnel syndrome, history of umbilical hernia, status post umbilical hernia surgery, sleep loss and psych component. The injured worker has undergone physical therapy, acupuncture, and medication therapy. Medications include Tramadol 150mg #60 and Medraz patches #30. The treatment plan is for functional capacity evaluation (FCE) and final evaluation. The rationale and request for authorization form were not submitted for review.

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 Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker complained of constant cervical spine pain with numbness that radiated to his left shoulder with cramping and numbness. The injured worker rated his pain at an 8/10 on VAS. ODG guidelines do not recommend functional capacity evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional capacity evaluations are only considered if case management is hampered by complex issues, prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. ODG also recommends FCEs if timing is appropriate. If the subject is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. Given that ODG guidelines support the use of functional capacity evaluations when case management is impeded by complex issues and the injured worker is close to maximum medical improvement the injured worker would not be in compliance with ODG guidelines. The request did not address the medical necessity of a FCE based on the injured worker approaching maximum medical improvement or failing a prior return to work attempt. The submitted report did not reveal any evidence that the injured worker had been improving on any functional deficits following the course of treatment or pending further diagnostics due to either chronic pain or case management hampered by complex medical issues. Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.

FINAL EVALUATION: 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 Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The request for FINAL EVALUATION is non-certified. The injured worker complained of constant cervical spine pain with numbness that radiated to his left shoulder with cramping and numbness. The injured worker rated his pain at an 8/10 on VAS. ODG guidelines do not recommend final evaluations as routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional capacity evaluations are only considered if case management is hampered by complex

issues, prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job and/or injuries that require detailed exploration of a worker's abilities. ODG also recommend that timing be appropriate. If the patient is close or at MMI/all key medical reports secured or additional/secondary conditions clarified. The submitted request did not specify what type of final evaluation was being requested. Whether it is for an office visit or any other type of evaluation. Given the guidelines above, the request for FINAL EVALUTION is non-certified.