

Case Number:	CM13-0049265		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	03/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 physician 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 injured worker who reported an injury on 09/10/2009. The patient is diagnosed with cervical disc herniation with myelopathy, tension headache, and tendonitis/bursitis of the right hand/wrist. The only Primary Treating Physician's Progress Report submitted for this review is dated 12/05/2013 by [REDACTED]. The patient reported pain in the cervical spine, lumbar spine, thoracic, bilateral knees, and right elbow. Physical examination revealed 3+ tenderness to palpation with decreased range of motion and muscle spasm. Treatment recommendations included acupuncture treatment to the cervical, thoracic, and lumbar spine, as well as the right upper extremity and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination when re-assessing function and functional recovery. As per the documentation submitted, there was no evidence of previous unsuccessful return to work attempts. There was also no evidence that the patient has reached or is close to maximum medical improvement. There was no documentation of a defined return to work goal or job plan which had been established, communicated, and documented. There were no Primary Treating Physician's Progress Reports between 10/08/2013 and 11/22/2013 submitted for this review. The request for a Qualified Functional Capacity Evaluation is not medically necessary and appropriate.