

Case Number:	CM13-0053678		
Date Assigned:	04/25/2014	Date of Injury:	12/28/2012
Decision Date:	07/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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 Illinois. 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 30-year-old male who reported an injury on 12/20/2012. The mechanism of injury was not specifically stated. The injured worker was evaluated on 11/04/2013. Current diagnoses include left arm near amputation, severe brachial plexopathy and left eye Horner's syndrome. The injured worker reported left eye pain and left arm pain with numbness and weakness. Physical examination is handwritten and illegible. Treatment recommendations at that time included a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

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

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.

Decision rationale: The California MTUS Guidelines/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery, including a functional capacity evaluation. Official Disability Guidelines state a

functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. As per the documentation submitted, there is no evidence of a comprehensive physical examination. There is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to reaching or has reached maximum medical improvement. Based on the clinical information received, the request is not medically necessary.