

Case Number:	CM13-0054437		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2013
Decision Date:	03/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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:

This 62-year-old female sustained injury on 04/02/2013 to her neck, back, right arm, left wrist and right leg while she was lifting and pushing a heavy cashbox with a co-worker. She was initially seen by [REDACTED] and was treated with physical therapy program and was prescribed Tramadol and pain patches. She had lumbar MRI dated 05/10/2013 that showed, "at L4-5, minimal effacement of anterior thecal sac. Central annular tear. Otherwise unremarkable lumbar spine MRI examination. No canal or foraminal narrowing or nerve impingement. No disc extrusion/protrusion. A note dated 06/08/2013 indicates that he had ESI but had allergic reaction to steroid shot. A note dated 09/19/2013 revealed she was treated with 18 sessions of physical therapy. She presented with complaints of pain in her neck, lower back, right shoulder, left wrist/hand, and thoracic spine. Pain was aggravated with ADLs such as riding a stationary bike, climb stairs, carry groceries, and house work. She was working as a bank teller and currently working with restrictions. . Diagnostic impression was lumbar disc displacement with myelopathy, cervical disc herniation with myelopathy, thoracic disc displacement with myelopathy, bursitis and tendinitis of the shoulder, rotator cuff syndrome, and tendinitis/bursitis of the hand/wrist. She was requested work hardening program and an initial qualified FCE by [REDACTED]. There is a previous determination by [REDACTED] regarding non-certification for initial qualified FCE.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Practice Guidelines, 2nd Edition (2004), Chapter 7, pages 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, pages 132-139

Decision rationale: A note dated 09/19/2013 indicates that she was employed as a bank teller and was working with restrictions. Her duties involved helping customers, lift coins, fill ATM machines, and complete customer bank transactions. [REDACTED] requested qualified functional capacity evaluation prior to starting a work hardening program. On exam, [REDACTED] did note that she was having functional impairments with difficulties performing ADLs due to constant pain, tenderness, spasms, decreased active ROM, positive orthopedic maneuvers, and weakness in cervical spine dermatomes. Based on the ACOEM guidelines, FCE is helpful to further assess current work capability. Therefore the request for qualified functional capacity evaluation is medically necessary and appropriate.