

Case Number:	CM13-0057722		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2008
Decision Date:	03/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 female hotel housekeeper sustained an injury on 1/12/08 while employed by [REDACTED]. She injured her left leg when she moved a cleaning cart from a guest room. The request under consideration include a Final Functional Capacity Evaluation for low back pain. The review indicated a previous functional capacity evaluation report from [REDACTED], dated 10/18/12. The report of 8/8/13 from a chiropractic provider noted that the patient had persistent cervical, thoracic, lumbar spine and bilateral shoulder pain, myospasm, numbness and loss of range; bilateral wrist pain, and bilateral knee spasm. An exam indicated pain on palpation of the complete spine (cervical, thoracic, lumbar), right shoulder, wrists and hand with sensory loss of the upper extremities (no dermatomes noted); trigger points in the cervical and lumbar spine with limited range of cervical, lumbar spine, shoulders, wrists/hands, and knees. There were twenty-two (22) diagnoses, which included bilateral rotator cuff syndrome; shoulder pain; myofascitis; stress/anxiety; headaches; sexual dysfunction; insomnia; cervical spine disc syndrome; radiculitis; cervical pain; thoracic spine disc syndrome; thoracic pain; lumbar spine disc syndrome; lumbar pain; bilateral wrist pain; bilateral knee pain; pain in right foot; vertigo; dizziness resolved; balance problems; gastrointestinal irritation; and status post left knee surgery in 2009. The patient remained off work and temporary total disability. The request for the functional capacity evaluation was non-certified on 11/14/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation for low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/ACOEM Practice Guidelines, 2nd Edition, Independent Medical Examinations and Consultations Chapter, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: The ACOEM Guidelines indicate that there is little scientific evidence confirming that a functional capacity evaluation (FCE) has the ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. The patient has persistent, chronic, unchanged subjective complaints and clinical findings without specific neurological deficits for this 2008 injury, without any functional improvement as the patient remained temporary totally disabled. There has been a previously completed FCE done by another chiropractor. Submitted reports have not demonstrated support for the subjective FCE per guidelines. The Final Functional Capacity Evaluation for low back pain is not medically necessary and appropriate.