MAXIMUS Federal Services

Case Number:	CM13-0061141		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2011
Decision Date:	05/08/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 54-year-old female who reported an injury on April 13, 2011. The injured worker's treatment history included cervical spine surgery, facet blocks, acupuncture, physical therapy, and multiple medications. The injured worker was evaluated on September 13, 2013. Physical findings included tenderness to palpation of the lumbar spine process and paralumbar musculature with restricted range of motion secondary to pain and a positive Kemp's test. The injured worker's diagnoses included carpel tunnel syndrome on the right, cervical spine multiple disc protrusions, lumbar spine sprain/strain, and possible giant cell tumor of the humeral head with tendonitis and impingement syndrome. The injured worker's treatment plan included epidural steroid injections of the cervical and lumbar spine, cervical and lumbar facet joint injections, continuation of acupuncture, continuation of medications, and a Functional Capacity Evaluation.

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 Official Disability Guidelines (ODG) Fitness For Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation than what can be obtained with a traditional comprehensive physical examination is needed. The clinical documentation submitted for review does not provide any evidence that the patient is at or near maximum medical improvement or has any intension to return to work and would require more precise measurements of the patient's work related capabilities. Therefore, the need for a Functional Capacity Evaluation is not supported. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.