

Case Number:	CM13-0063905		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2011
Decision Date:	04/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant reported an injury date of 5/25/11. The medical records provided for review describe complaints of neck pain, back pain, upper extremity symptoms, and lower extremity symptoms. The claimant has been given nonspecific diagnoses of "medial compartment syndrome, cervical/lumbar discopathy, and bilateral shoulder internal derangement." None of these diagnoses really provide any useful information. The claimant is also reported to have a TFCC tear of the right wrist, carpal tunnel and cubital tunnel syndrome, and a right knee medial meniscus tear with arthritis. The claimant overall has been felt to plateau with treatment and a Functional Capacity Examination has been suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Fitness for Duty: Functional Capacity Evaluation FCE

Decision rationale: A Functional Capacity Examination would be reasonable in this setting. The California MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines allow for a Functional Capacity Examination when treating physicians feel that the information is crucial. According to the records provided, the treating provider has nothing further to offer the claimant to improve functional status at this time. A Functional Capacity Examination, according to the ODG Guidelines, may establish physical abilities and facilitate a return to work although there is mention of the limitations of such studies. Overall, a Functional Capacity Examination would seem appropriate in light of the claimant's complaints, diagnoses, and lack of further treatment that would be expected to improve the claimant's functional status at this time.