

Case Number:	CM13-0065767		
Date Assigned:	01/03/2014	Date of Injury:	10/09/2009
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 10/09/2009 after an accident with a forklift that reportedly caused injury to the patient's lumbar and cervical spine. The patient's treatment history included physical therapy, chiropractic care, injections, shockwave therapy, acupuncture, and psychiatric support. The patient's most recent clinical evaluation documented the patient had continued pain complaints of the lumbar and cervical spine. Physical findings of the cervical spine included diminished reflexes of the biceps, motor strength deficits consistent with the C5 myotome with tenderness to palpation along the paraspinal and spinous process of the cervical spine. Evaluation of the thoracic spine documented that the patient had tenderness to palpation over the paraspinal and spinous process of the thoracic spine. Evaluation of the lumbar spine documented that the patient had tenderness to palpation along the paraspinal and spinous processes with a positive heel walk and toe walk and a positive straight leg raising test with diminished reflexes of the knee, and absent reflexes of the right ankle and diminished reflexes of the left ankle. The clinical documentation did indicate that the patient had already achieved maximum medical improvement. The patient's diagnoses included displacement of the lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, displacement of a cervical intervertebral disc without myelopathy, cervical facet joint syndrome, lumbar facet joint syndrome, status post posterior fusion at the L4-5, and carpal tunnel syndrome. The patient's treatment plan included facet joint injections and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE), one (1) initial study, and one (1) final study:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pages 132-139)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE)

Decision rationale: The requested Functional Capacity Evaluation (FCE), one (1) initial study, and one (1) final study are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, the Official Disability Guidelines indicate that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of the worker's abilities, a worker is close to or at maximum medical improvement, and secondary conditions have been clarified. The clinical documentation submitted for review does indicate that the patient has reached maximum medical improvement. However, the clinical documentation fails to provide any evidence that the patient has had any failed attempts to return to work or has any intention of returning to work and requires a Functional Capacity Evaluation to determine the appropriateness of the patient's Physical Demand Level. Additionally, the clinical documentation submitted for review does not clearly address why an initial study and a final study would be necessary for this patient. There is no documentation of a treatment recommendation for a functional restoration program or a work-hardening program that would require comparison studies. As such, the requested Functional Capacity Evaluation (FCE), one (1) initial study, and one (1) final study are not medically necessary or appropriate.