

Case Number:	CM13-0069685		
Date Assigned:	04/25/2014	Date of Injury:	08/10/2012
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/23/2013

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 & 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:

The injured worker is a 39 year old male who reported an injury to to the right shoulder, neck, lower back area, and upper back area on 08/10/2012. The mechanism of his injury was not available for review. Current physical exam dated 01/28/2014, indicated the injured worker continued to have pain in the right shoulder, neck, and back that radiated down the right arm. He reported his pain as sharp, stabbing shooting cramping burning and aching. The injured worker rated his pain 10/10 and constant. He also reported numbness, tingling, weakness, spasms and fatigue. There were trigger points palpated in the upper trapezius and mid-trapezius bilaterally. Range of motion findings for the cervical spine were forward flexion 5 degrees, extension 10 degrees, rotation to the left 15 degrees, rotation to the right 15 degrees, lateral bending to the left 5 degrees, lateral bending to the right 5 degrees. The range of motion for the shoulders findings were forward flexion to the left 160 degrees, forward flexion to the right 60 degrees, abduction to the left 160 degrees and abduction to the right was 60 degrees. The range of motion for the lumbar spine findings were forward flexion 20 degrees, extension 0 degrees, lateral bending to the left 0 degrees, lateral bending to the right 0 degrees, rotation to the left 5 degrees, rotation to the right 5 degrees. There was also decreased sensation to light touch noted in the right lateral arm and 5th digit. The injured worker has returned to work with restrictions. The injured worker's treatments have included physical therapy, norco and fioricet. The request for authorization form was not provided. The functional capacity evaluation is being recommended for baseline testing.

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: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CHRONIC PAIN PROGRAMS (FUNCTIONAL RESTORATION PROGRAMS) Pages 30-32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), [REDACTED], FCE.

Decision rationale: The request for functional capacity evaluation is non-certified. The injured worker has pain to right shoulder, neck, lower back area and upper back area. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program with preference for assessments tailored to a specific task. If the injured worker has returned to work, according to the (ODG) Official disability guidelines, do not proceed with the functional capacity evaluation. The injured worker has returned to work with restrictions. As such, the request for a functional capacity evaluation is non-certified.