

Case Number:	CM13-0071889		
Date Assigned:	01/17/2014	Date of Injury:	01/20/2009
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 56 year old female who reported an injury on 01/20/2009. The mechanism of injury due to repetitive work duties. The clinical note dated 11/27/2013 the injured worker reported constant severe pain to the cervical spine that was described as tightness, also pain was aggravated by twisting and standing. Also reported pain in the lumbar and thoracic spine, pain in shoulders wrist and hands as well as ankles and feet pain is aggravated with any activities of daily living. The injured worker had carpal tunnel surgery 12 years ago. The injured worker had an MRI of the lumbar spine on 09/23/2013 which noted progression of degenerative changes at L4-L5 as well as 10 visits of chiropractic treatment. The injured worker also had x-rays and nerve studies; at this time it was recommended for the injured worker to undergo surgery for the left foot. The injured worker had diagnoses of bilateral wrist and hand carpal tunnels syndrome and left ankle carpal tunnel syndrome, cervical disc herniation without myelopathy, lumbar disc displacement with myelopathy. The injured worker reported that physical therapy helped alleviate her pain temporarily. The physical exam noted the injured worker had cervical flexion of 20/55 degrees, extension of 15/45 degrees, axial compression test was positive bilaterally, distraction test was positive bilaterally, and shoulder depression test was positive bilaterally. The lumbar spine examination had a positive bilateral straight leg raise, positive braggard's. The shoulder examination noted positive speeds test, supraspinatus test was bilaterally positive. The wrist and hand examination had a positive Tinel's and Bracelet test bilaterally. The provider requested a qualified functional capacity evaluation, the request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED FUNCTIONAL CAPACITY EVALUATION: 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, 2nd Edition, Chapter 7: Independent Medical Examinations And Consultations, page(s) 132-139.

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

Decision rationale: The request for a qualified functional capacity evaluation is not medically necessary. The clinical information provided noted the injured worker had low back pain rated 8/10. The injured worker was status post ALIF at L5-S1 on 04/13/2013. An MRI of the lumbar spine noted degenerative changes at L4-L5. The injured worker had physical therapy and chiropractic treatment which alleviated the pain temporarily. The Official Disability Guidelines recommend functional capacity evaluation prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The guidelines do not recommend functional capacity evaluation for the sole purpose to determine a workers effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. The provider also requested the injured worker to have surgery and acupuncture. It is unclear what the provider's rationale is for the qualified functional evaluation. Therefore, the request is not medically necessary.