

Case Number:	CM14-0000290		
Date Assigned:	01/17/2014	Date of Injury:	04/11/2011
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 39 year old male who reported an injury on 4/11/11 secondary to a fall. The clinical note dated 7/8/13 reported that the injured worker complained of constant aching, burning pain that was mild to moderate, to his left shoulder, depending on his activity level. He also reportedly stated an intermittent pressure sensation that was mild to moderate, to his lumbar spine, depending on his level of activity. The injured worker complained of an intermittent ache that is mild to moderate, to his left hip, depending on activity. He reported all activities of daily living were done with mild to moderate impairment. The physical examination showed full range of motion and 5/5 motor strength throughout the cervical spine, lumbar spine, shoulder, hip, elbow, wrist, and hand. There was no tenderness, swelling, or decrease in sensation throughout the cervical spine, lumbar spine, shoulder, hip, elbow, wrist, and hand. The clinical information stated the injured worker is permanent and stationary for rating purposes, having reached maximum medical improvement. The provider stated the injured worker should have access to orthopedic evaluation on an as needed basis, as well as analgesic and anti-inflammatory medications.

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 Independent Medical Examinations and

Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 137-138; and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend functional capacity evaluations based on prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's ability. Additionally, the guidelines recommend that the injured worker be close to or at maximum medical improvement and additional/secondary conditions must have been clarified. The clinical information provided shows that the injured worker has returned to work with no restrictions, with a 10% whole person impairment rating due to some mild weakness in hip abduction. He has also reached maximum medical improvement. The injured worker was declared permanent and stationary, and the provider failed to document a clear rationale for the request for a functional capacity evaluation. In addition, the injured worker already has an impairment rating and is back at work. Therefore, the request for a functional capacity evaluation is not medically necessary.