MAXIMUS Federal Services

Case Number:	CM14-0002045		
Date Assigned:	01/24/2014	Date of Injury:	04/24/2012
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 & 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 57 year old female with an injury reported on 04/24/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/25/2013, reported that the injured worker complained of low back pain that radiated to her lower extremities. The physical examination revealed severe tenderness to palpation, severly limitied range of motion and myospasms were noted to the cervical spine. The lumbar spine region tested positive for tenderness to palpation, bilaterally as well as limited range of motion with myospasms. It was also noted that the injured worker was wearing a back brace. The injured worker's diagnoses included cervical sprain/strain; right shoulder impingement syndrome; right shoulder sprain/strain; right wrist sprain/strain, rule out carpal tunnel; right arm sprain/strain; lumbar sprain/strain. The request for authorization was submitted on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89,Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Work conditioning, work hardening Page(s): 125.

Decision rationale: The injured worker complained of low back pain that radiates to her bilateral lower extremities. Severe tenderness to palpation and a severly limitied range of motion with mospasms were noted to the injured worker's cervical spine. The lumbar spine region tested positive for tenderness to palpation, bilaterally. It was also noted with limited range of motion with myospasms. It was also noted that the injured worker was wearing a back brace.The CA MTUS guidelines state a FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The American College of Occupational and Environmental Medicine (ACOEM) guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. It is unclear if the injured worker will be entering a work hardening program. It is unclear if the injured worker had prior unsuccessful return to work attempts.It was also noted that the injured work had returned to work with modified duty. It is unclear if the injured worker had an ergonomic assessment prior to her return to work. The requesting physician's rationale for the request was unclear. Therefore the request for outpatient functional capacity evaluation (FCE) is not medically necessary and appropriate.