

Case Number:	CM14-0004471		
Date Assigned:	06/23/2014	Date of Injury:	08/24/2007
Decision Date:	10/03/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Nevada. 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 records presented for review indicate that this 39 year-old individual was reportedly injured on August 24, 2007. The mechanism of injury not listed in these records reviewed. The most recent progress note, dated January 27, 2014 indicates that there are ongoing complaints of pain in the right rib cage area and low back. The physical examination demonstrated a 5'2", 160 pound individual with a normal shoulder examination, a normal thoracic spine range of motion, and tenderness to palpation over the thoracic region and right rib region, and decrease lumbar spine range of motion. There was tenderness to palpation over the lower lumbar area and no specific muscle spasms are reported. Motor function was described as 5/5. Diagnostic imaging studies were not presented for review. Previous treatment includes surgery involving the right rib cage, physical therapy, multiple medications. A request had been made for functional capacity testing and was not certified in the pre-authorization process on December 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION, RIGHT CHEST AREA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 7,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Chapter, page 49

Decision rationale: As outlined in the ACOEM guidelines, this assessment is used to determine how the medical evidence translates to functional limitations. The injury sustained was to the right ribs. The rib fracture was surgically treated. There are ongoing complaints of low back pain. The medical records presented for review indicate that the injured employee is not working, there is no suggestion of a return to work plan, and given the injury sustained no functional losses have been identified. Therefore, based on the clinical information presented for review the request is not medically necessary.