

Case Number:	CM14-0005095		
Date Assigned:	01/17/2014	Date of Injury:	05/10/2011
Decision Date:	06/09/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/14/2014

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 Texas. 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 53 year old male with a reported injury date of 05/10/2011. The clinical note dated 10/02/2013 noted that the injured worker had complaints that included moderate to severe pain in the bilateral shoulders, moderate pain in the neck and upper mid back, and achy pain to the low back. The objective findings included an overall normal examination to both shoulders, cervical spine, thoracic spine, and lumbar spine. The treatment plan was to continue medication regiment. The request of authorization form was not provided within the available documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty.

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

Decision rationale: The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to the admission to a work hardening program, if prior return to work

attempts have been unsuccessful, there is confusion regarding precautions and/or fitness for modified job status, or the injured worker is close or at maximum medical improvement. It was noted that the injured worker had complaints that included moderate to severe pain in bilateral shoulders, moderate pain in the neck and upper mid back, and achy pain to the low back. It was noted that the injured worker has an overall normal examination and to continue medication regiment. The medical necessity for a functional capacity evaluation has not been established. The documentation did not provide adequate evidence of the exact reason the injured worker needed the evaluation. As such this request is not medically necessary and appropriate..