

Case Number:	CM14-0005880		
Date Assigned:	02/05/2014	Date of Injury:	10/27/2009
Decision Date:	06/20/2014	UR Denial Date:	12/21/2013
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 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 45-year-old female who reported an injury on 10/27/2009 due to a motor vehicle accident. The injured worker reportedly sustained injuries to multiple body parts. The injured worker ultimately developed chronic pain that was managed with multiple medications. The injured worker was evaluated on 11/06/2013. It was noted that the injured worker had cervical spine pain, lumbar spine pain, and bilateral shoulder pain. Physical examination of the bilateral shoulders documented tenderness to palpation of the acromioclavicular joint with decreased range of motion. Evaluation of the cervical spine documented tenderness to palpation of the paravertebral musculature with restricted range of motion. Evaluation of the lumbar spine documented tenderness to palpation of the bilateral paravertebral musculature with a positive straight leg raising test and Kemp's test bilaterally with limited range of motion. The injured worker's diagnoses included cervical spine sprain/strain with bilateral upper extremity radiculitis, thoracic spine sprain/strain, and lumbar spine sprain/strain with bilateral radiculitis. The injured worker's treatment plan included continuation of a home exercise program, diagnostic studies, and a Functional Capacity Evaluation.

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 MTUS: CALIFORNIA MEDICAL TREATMENT UTILIZATION SCHEDULE GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend Functional Capacity Evaluations when a more precise delineation of an injured worker's functional capabilities needs to be provided beyond what can be assessed during a traditional physical examination. The clinical documentation submitted for review does not provide any evidence that the injured worker has returned to work or is planning to return to work and cannot perform normal job duties. There is no documentation that the injured worker cannot meet the physical demand level of the injured worker's employment requirements. Therefore, the need for a Functional Capacity Evaluation is not clearly established. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.