

Case Number:	CM14-0008190		
Date Assigned:	02/12/2014	Date of Injury:	12/09/2011
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/22/2014

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 57-year-old male who reported an injury on 12/09/2011 secondary to lifting. The injured worker was evaluated on 10/14/2013 for reports of 1/10 to 2/10 right shoulder pain 4/10 mid back and low back pain radiating into his legs, and numbness and tingling that has decreased. The exam noted the injured worker's shoulder range of motion to be at 160 degrees flexion, 30 degrees extension, 155 degrees abduction, 30 degrees adduction, 80 degrees internal rotation, and 82 degrees external rotation. The injured worker's thoracic spine range of motion was noted at 48 degrees flexion, 20 degrees right rotation, and 21 degrees left rotation. The injured worker's lumbar spine range of motion was noted at 38 degrees flexion and 8 degrees extension and bilateral flexion. The diagnoses included cervical disc disease, right rotator cuff syndrome, thoracic spine disc syndrome, lumbar facet syndrome, lumbar disc disease, and low back syndrome. Treatment plan included following up with pain management for pain medications and a Functional Capacity Evaluation prior to placing him on permanent and stationary status. The request for authorization dated 10/14/2013 was in the documentation provided and the rationale for the request was determined permanent and stationary status.

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: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Functional capacity evaluation (FCE).

Decision rationale: The request for functional capacity evaluation is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. The Official Disability Guidelines state a functional capacity evaluation is not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The exam notes indicate the reasoning for the request is to evaluate the injured worker's prior to placing him on permanent and stationary status. Furthermore, the documentation provided, indicates further treatment plans including facet injections of the lumbar spine and possible facet rhizotomy. There is a lack of evidence in the documentation provided of maximum medical improvement. Therefore, based on the documentation provided, the request is not medically necessary.