MAXIMUS Federal Services

Case Number:	CM14-0101238		
Date Assigned:	07/30/2014	Date of Injury:	08/22/2012
Decision Date:	09/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 22, 2012. A utilization review determination dated June 25, 2014 recommends non certification of NIOSH functional improvement measurement. A progress report dated May 19, 2014 identifies subjective complaints of "pain has been worse. "Physical examination findings reveal positive impingement maneuvers affecting the left shoulder with muscle spasm noted in the left shoulder. The left shoulder range of motion is reduced. The cervical spine has tenderness to palpation. The lumbar spine has paraspinal tenderness with positive straight leg raise on the left greater than right. Diagnoses included degeneration of cervical intervertebral disc, thoracic or lumbosacral radiculitis, lumbar sprain, and rotator cuff sprain. The treatment plan recommends "NIOSH functional improvement measurement using NIOSH testing every 30 days while undergoing treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

NIOSH Functional Improvement Measurements: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Functional Improvement measures. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Treatment in worker's compensation, Online edition, Chapter: Fitness For Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33, 89, 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding the request for NIOSH Functional Improvement Measurements, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. Additionally, if this is a request for a more formal Functional Capacity Evaluation, there is no indication that there has been prior unsuccessful return to work attempts, conflicting In the absence of such documentation, the currently requested NIOSH Functional Improvement Measurements is not medically necessary.