

Case Number:	CM14-0104573		
Date Assigned:	07/30/2014	Date of Injury:	02/07/2012
Decision Date:	10/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 59 year-old individual was reportedly injured on 2/7/2012. The mechanism of injury is noted as a fall. The most recent progress note, dated 7/28/2014. Indicates that there are ongoing complaints of neck pain, right shoulder, mid and low back pain. The physical examination demonstrated cervical spine: positive test for tenderness to palpation and miles spasms noted. Restricted range of motion and decreased sensation throughout the right upper extremity. Restricted range of motion noted. Thoracic spine: positive tenderness to palpation with associated muscle spasms is noted. Lumbar spine: tenderness to palpation, miles spasms and limited range of motion is noted. Decreased sensation is noted at the right L2, L3, and L5 nerve roots. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on 6/27/2014.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

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) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: ACOEM practice guidelines indicated that functional capacity evaluations are recommended to "translate medical impairment into functional limitations and determine work capability." Medical records provided for review indicate that employee is not working, and there is no evidence of return-to-work plan for which work restrictions would be necessary. The request for a functional capacity evaluation is not medically necessary or appropriate.