

Case Number:	CM14-0105067		
Date Assigned:	09/24/2014	Date of Injury:	03/26/2014
Decision Date:	10/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/08/2014

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:

This 20 year-old patient sustained an injury on 3/26/14 from being struck in the head by a refrigeration door while employed by [REDACTED]. Request(s) under consideration include 1 Functional Capacity Evaluation. Diagnoses include Neck sprain. Neurological initial consultation dated 4/24/14 noted patient was reading a new prep sheet when the opened door came back and struck him on the left eyebrow, knocking him out. His mother took him to a Medical Center hours later where a CT scan of brain apparently showed bleeding and he was released the next day. Exam showed unremarkable heel, toe walking with normal gait, Romberg and tandem walking; normal conversational hearing; normal Cranial nerve II through XII; motor strength of 5/5 in upper and lower extremities/ normal sensation and DTRs symmetrical. Impression noted closed head injury with concussion; postconcussion syndrome; and bilateral TMJ secundar to jaw lash with treatment for dental evaluation. CT scan of 3/26/14 had impression of questionable small layering left-sided subdural hematoma along with left tentorial leaflet. Report of 5/13/14 from the chiropractic provider noted the patient was back to work with complaints of photosensitivity, migraine type headaches, forgetfulness and moderate neck pain radiating to upper back region. Exam showed decreased grip strength on left; normal gaze. Diagnoses include post-concussion syndrome, skull fracture, and cervical musculoligamentous injury, rule out IVD, photophobia, and myofasciitis. Treatment included TENS unit, acupuncture, chiropractic/ PT, prescription eyewear for photophobia, and FCE. The request(s) for 1 Functional Capacity Evaluation was non-certified on 6/3/14 citing guidelines criteria and lack of medical necessity.

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

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) Chapter 7, Independent Medical Examinations and Consultations, pages 137-138

Decision rationale: This 20 year-old patient sustained an injury on 3/26/14 from being struck in the head by a refrigeration door while employed by [REDACTED]. Request(s) under consideration include 1 Functional Capacity Evaluation. Diagnoses include Neck sprain. Neurological initial consultation dated 4/24/14 noted patient was reading a new prep sheet when the opened door came back and struck him on the left eyebrow, knocking him out. His mother took him to a Medical Center hours later where a CT scan of brain apparently showed bleeding and he was released the next day. Exam showed unremarkable heel, toe walking with normal gait, Romberg and tandem walking; normal conversational hearing; normal Cranial nerve II through XII; motor strength of 5/5 in upper and lower extremities/ normal sensation and DTRs symmetrical. Impression noted closed head injury with concussion; postconcussion syndrome; and bilateral TMJ secondary to jaw laceration with treatment for dental evaluation. CT scan of 3/26/14 had impression of questionable small layering left-sided subdural hematoma along with left tentorial leaflet. Report of 5/13/14 from the chiropractic provider noted the patient was back to work with complaints of photosensitivity, migraine type headaches, forgetfulness and moderate neck pain radiating to upper back region. Exam showed decreased grip strength on left; normal gaze. Diagnoses include post-concussion syndrome, skull fracture, and cervical musculoligamentous injury, rule out IVD, photophobia, and myofasciitis. Treatment included TENS unit, acupuncture, chiropractic/ PT, prescription eyewear for photophobia, and FCE. The request(s) for 1 Functional Capacity Evaluation was non-certified on 6/3/14. It appears the patient has not reached maximal medical improvement and continues to treat for ongoing symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is partially-disabled. Neurological consultation has unremarkable clinical exam of musculo-ligamentous findings with normal motor, sensory, and DTRs with non-focal neurological deficit. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The 1 Functional Capacity Evaluation is not medically necessary and appropriate.