MAXIMUS Federal Services

Case Number:	CM14-0105838		
Date Assigned:	07/30/2014	Date of Injury:	01/11/2011
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 patient is a 39-year-old-female sustained industrial injury on 01/11/2011. She feels that the symptoms were related to constant heavy lifting of 50 pounds and constant use of her upper extremities. She also began to feel symptoms in her neck, as her work required a position to work with her head bent forward. Examination of the cervical spine and upper extremities reveals no swelling or asymmetry of the cervical spine. There are noted healed arthroscopic portal scars related to the right shoulder. There is muscle spasm palpable in the paravertebral musculature on either side of the mid line at C6-7, worse on the right than the left. Range of motion (ROM) of the cervical spine and upper extremities: flexion of cervical spine is 30 degrees. With forward flexion there is a tilt of the cervical spine and head to the right. There is 40 degrees of cervical spine hyperextension. Lateral bending is 30 degrees on the left and 40 degrees on the right. With lateral bending to the left there are complaints of pain on the left side. There is crepitus to ROM testing of the cervical spine. X-ray of the cervical spine showed anterior surgical fusion of the C4-C6 vertebral bodies with replacement intervertebral discs at C4/5 and C5/6 without evidence of hardware failure or loosening, Mild decrease in the normal cervical lordosis. Diagnoses were Residuals of musculoligamentous strain cervical spine, cervical spondylosis, disc protrusion cervical spine, with complaints of radiating symptoms to the right upper extremity. Residuals of musculoligamentous strain and tendinitis right shoulder. Status post arthroscopic right shoulder surgery performed on or around 3/6/12. Treatment and recommendations were to continue performing activities of daily living and no strenuous activity and return to office for a follow-up in two months. A request for a functional capacity evaluation to determine the patient's functional capabilities and possible work restrictions. UR determination for FCE (Functional Capacity Evaluation) was previously denied because the injured worker did not meet the criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE (Functional Capacity Evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Fitness for Duty Procedure Summary, last updated 05/12/2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back pain, Work Hardening, FCE.

Decision rationale: As per Official Disability Guidelines (ODG) guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. Furthrmore, the recommendations are to consider FCE if the injured worker has had prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and / or illness for a modified job or if the patient 's injureis are such that require detailed exploration of the worker'r abilities. The guidelines state criteria for addmission to Work Hardening Program; Previous physical therapy (There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment) and rule out surgery (The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function). The medical records do not evidence treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau with evidence of no likely benefit from continuation of the previous treatment. Moreover, the records do not show unsuccessful prior return to work or need for modified work. According to these reasons, the patient is not a candidate for WH program, and therefore the medical necessity of the Functional capacity evaluation has not been established.