MAXIMUS Federal Services

Case Number:	CM14-0106039		
Date Assigned:	07/30/2014	Date of Injury:	03/06/2012
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
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 & 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 50-year-old-male sustained an industrial injury on 03/06/2012. The mechanism of injury was not mentioned. The patient twisted his neck and he has shoulder pain and weakness in his right arm. There is constant achy pain in neck, which radiates down into both shoulders and right arm. There is numbness and tingling in both hands as well. He rates the pain scale of 4-9/10. He is S/P fusion, but his symptoms have not improved. Objective findings are cervical spine range of motion limited with pain, trigger points at right trap, positive spurling with pain to right. shoulder, motor 4/5 right at right shoulder. Electrodiagnostic test was done on 04/17/14, interpretention was: 1. Bilateral moderate to severe median neuropathy at the wrists. 2. Chronic re-innervation changes involving right C6 and bilateral C7-T1 innervated muscles; indicative of previous injury. No active radiculopathy was noted during this study. Medications included Norco 10, muscle relaxant and anti-inflammatory meds. Diagnoses are lumbago, cervicalgia, pain in hand and upper arm. UR determination for the requested medical treatment for Functional Capacity Evaluation was previously denied due to lack of medical necessity.

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 Page(s): 92, 127. Decision based on Non-MTUS Citation Chapter 7 pages 137-138; Official Disability Guidelines 2008 Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>.

Decision rationale: As per ODG guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. The guidelines state criteria for admission to Work Hardening Program; Previous PT (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 this previous treatment. Moreover, the records do not mention that surgical intervention is not an option to be considered. According to these reasons, the patient is not a candidate for Work Hardening (WH) program, and therefore the request for the Functional capacity evaluation is not medically necessary.