MAXIMUS Federal Services

Case Number:	CM14-0012632		
Date Assigned:	02/21/2014	Date of Injury:	01/25/2013
Decision Date:	06/30/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	01/31/2014

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 Medicine, and is licensed to practice in Minnesota. 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 a 51-year-old male with an injury reported on 1/25/13. The mechanism of injury was not provided within the clinical notes. The clinical note dated 1/14/14 reported that the injured worker complained of persistent aching pain to his neck. The physical examination revealed that the injured worker had decreased range of motion to this neck. The injured worker's prescribed medication list was not provided. The injured worker's diagnoses included cervical sprain and strain, and thoracic sprain and strain. The injured worker's prior treatments included a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BASELINE QUANTITATIVE FUNCTIONAL CAPACITY EVALUATION (QFCE):

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The injured worker complained of persistent aching pain in the neck. The requesting provider's rationale for a baseline quantitative Functional Capacity Evaluation is to determine function and work capacity. The California MTUS/ACOEM guidelines recognize the

functional capacity exam/evaluation as a supported tool for assessing the injured worker's function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The guidelines do not recommend a FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. The verified physical demands analysis (PDA) from the injured worker's employer was not provided. Within the provided documentation, an adequate and complete asessment of the injured worker's functional condition and any significant functional deficits were not provided. The injured worker's specific job was not provided, and the guidelines recommend assessments tailored to a specific task or job. Moreover, the requesting provider did not indicate admission to a work hardening program prior to the Functional Capactiy Evaluation. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medically necessary.