

Case Number:	CM14-0014274		
Date Assigned:	02/26/2014	Date of Injury:	01/12/2012
Decision Date:	07/14/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine, 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 is a 24-year-old female patient with a 1/12/12 date of injury. On 1/7/14 a progress report indicates frequent headaches and frequent neck pain with numbness and tingling in the right hand. Physical exam demonstrates tenderness along the cervical paraspinal muscles. On 6/27/13 a progress report indicates persistent neck pain and sleep disturbances. Treatment to date has included medication, activity modification. There is documentation of a previous adverse determination on 1/24/14 for limited clinical information and no documentation of a work hardening program. There is documentation of a previous 1/24/14 adverse determination for limited clinical information and no noted work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION FOR THE MANAGEMENT OF SYMPTOMS RELATED TO CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 132-139.

Decision rationale: The California MTUS states that there is little scientific evidence confirming that functional capacity evaluation predicts an individual's actual capacity to perform in the workplace; a functional capacity evaluation reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, Official Disability Guidelines states that a functional capacity evaluation should be considered when complex issues hamper case management. Those issues include prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for a modified job, injuries that require detailed exploration of a worker's abilities, timing is appropriate, close to or at MMI/all key medical reports secured, and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. Therefore, the request for functional capacity evaluation for the management of symptoms related to cervical spine is not medically necessary.