

Case Number:	CM14-0015650		
Date Assigned:	03/03/2014	Date of Injury:	12/28/2012
Decision Date:	12/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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:

Patient is a 46 year-old male with date of injury 09/20/2010. The medical document associated with the request for authorization, a comprehensive medical-legal evaluation report, dated 01/16/2014, lists subjective complaints as midline sternal pain, right rib pain, and bilateral thoracic pain. Objective findings: Thoracic and lumbar ranges of motion were restricted by pain in all directions. There was tenderness to palpation of the left sternum and xiphoid process, right intercostals and right ribs, and bilateral thoracic paraspinal muscles overlying the T9-T12 facet joints. Thoracic extension was worse than flexion. Thoracic and lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. There was decreased sensation along the left T7, T8 and T9 dermatomes. Diagnosis: 1. Status post fluoroscopically-guided bilateral T10-T11 and bilateral T11-T12 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy) 2. Bilateral thoracic facet joint pain at T10-11 and T11-T12 3. Thoracic facet joint arthropathy 4. Thoracic disc protrusion 5. Thoracic stenosis 6. Thoracic sprain/strain 7. Right rib and intercostal neuropathic pain 8. Sternal neuropathic pain 9. Status post right rib fractures 10. Right rib bilateral chest contusions 11. GI upset secondary to industrial medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition., Independent Medical Examinations and Consultations Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional Capacity Evaluation (FCE) is not medically necessary.