

Case Number:	CM14-0016372		
Date Assigned:	03/05/2014	Date of Injury:	03/10/2011
Decision Date:	07/11/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and is licensed to practice in New York. 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 48 year old female who was injured on 03/10/2011. The mechanism of injury occurred while lifting a case of cigarettes above her head and onto shelves. Her diagnoses include C4-C6 disc herniation, right shoulder radiculopathy, left C7 irritation, right carpal tunnel syndrome, and L3-S1 disc herniation. Prior treatment history has included physical therapy and Motrin 600 mg. A PR2 dated 01/02/2014 reports the patient presents for recheck of her lumbar spine, cervical spine, and right wrist with numbness. She also complains of constant pain with headache. On exam, JAMAR is 22, 22 20; Left is 24, 24, 24. PR2 dated 11/21/2013 reports the patient is wearing a right wrist brace that fits well. She has positive trigger points in the cervical and lumbar spine. The patient states no change since the last visit. She continues to have constant pain in the lumbar spine which increases due weather changes. The treating provider has requested an outpatient functional capacity evaluation to cervical, lumbar and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATION TO CERVICAL, LUMBAR, AND RIGHT WRIST.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional capacity evaluation.

Decision rationale: There is no documentaiton provided necessitating a FCE. There is no documentaiton of any specific objective findings suggesting current function or dysfunction. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the work place, an FCE 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. It is medically reasonable to first determine work restrictions and limitations based on clinical examination. Medical necessity for the requested service has not been determined. The requested service is not medically necessary.