

Case Number:	CM14-0017322		
Date Assigned:	04/14/2014	Date of Injury:	10/30/2007
Decision Date:	05/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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 a 48-year-old female who reported an injury on 10/30/2007. The mechanism of injury was not provided for review. The injured worker's treatment history included cervical fusion at the C5-6, a gastric sleeve, epidural steroid injections, physical therapy, and a home exercise program. The injured worker was evaluated on 01/14/2014. It was documented that the injured worker continued to take medications that provided pain control. Physical findings included reduced lumbar range of motion secondary to pain and a positive straight leg raising test bilaterally and a positive Kemp's test bilaterally. The injured worker had decreased motor strength in the L3, L4, L5, and S1 myotomal distributions. The injured worker's diagnoses included status post anterior cervical discectomy and fusion, cervical disc syndrome, bilateral shoulder bicipital tenosynovitis, right shoulder rotator cuff syndrome, right shoulder calcific tendinitis/bursitis, status post ulnar nerve release at the elbow, right elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine spondylosis, lumbar disc syndrome, status post bilateral knee arthroscopy, bilateral knee osteoarthritis, status post gastric sleeve surgery, and weight gain. The injured worker's treatment plan included physical therapy, a refill of medications, referral to a pain management specialist, and a Functional Capacity Evaluation to evaluate the current clinical orthopedic status of this injured worker.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The ACOEM Guidelines recommends Functional Capacity Evaluations when a more precise delineation of the injured worker's functional capabilities is needed beyond what can be provided during a traditional clinical exam. There is no documentation in the medical records provided for review that the injured worker is at or near maximum medical improvement and is motivated to return to work. Therefore, the specific evaluation of the injured worker's physical demand level is not supported. As such, the request is not medically necessary and appropriate.