

Case Number:	CM14-0018240		
Date Assigned:	04/21/2014	Date of Injury:	12/08/2010
Decision Date:	07/02/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/13/2014

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 58 year old female who reported an injury on 12/08/2010. The mechanism of injury was that while the injured worker was performing an electrocardiogram on a patient, the patient rolled over and came close to falling. The injured worker grabbed the patient and had an onset of neck, back and bilateral shoulder as well as arm, hand, and wrist pain. The documentation of 01/21/2014 revealed that the injured worker had 3 epidural blocks that did not help as well as an MRI on of the lumbar spine 01/04/2014 and an MRI of the cervical spine on 01/31/2014, and the injured worker needed followup. The diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, status post right shoulder arthroscopic debridement, left shoulder pain with x-ray findings of osteopenia and degenerative changes, bilateral elbow sprain/strain and lateral epicondylitis as well as bilateral carpal tunnel syndrome, status post right carpal tunnel release on 06/06/2013, lumbar spine pain and major depression. The treatment plan included Gabapentin 300 mg twice a day #60, Prilosec 20 mg twice a day #60 and Fioricet twice a day #60, an orthopedic evaluation, and a Functional Capacity Evaluation to determine if the injured worker was able to resume working in a capacity commiserate with her skills or abilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

FINAL FCE (FUNCTIONAL CAPACITY EVALUATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
FUNCTIONAL CAPACITY EVALUATION.

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

Decision rationale: The ACOEM Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work or if a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate that there had been a prior unsuccessful return to work. There was a lack of documentation indicating that all secondary conditions had been clarified. Given the above, the request for a final Functional Capacity Evaluation is not medically necessary and appropriate.