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| Case Number: | CM14-0018321 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 06/15/2011 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/09/2014 |
| 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 Chiropractic Medicine, and is licensed to practice in Texas. 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 45-year-old who reported a fall on June 15, 2011. Within the clinical note dated August 2, 2013, noted the injured worker complained of moderate to severe lumbar pain that radiated into the cervical region. She also complained of right elbow, wrist and hand pain. In the physical exam documentation of the lumbar, there was +2 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to L5, to the bilateral multifidus, and to the right quadratus lumborum. There was also a positive Kemp's test bilaterally, a positive left straight leg raise, a positive Yeoman's test bilaterally and a positive Hibb's test on right. In the physical examination of the elbows there was documentation of +1 spasm and tenderness to right bicep tendon at the insertion and to the right lateral epicondyle. A Cozen's test to the right elbow was documented as positive and a reverse Cozen's test was positive bilaterally. A Tinel's test was documented as positive for the left elbow. In the physical examination of the wrists and hands it was documented that the right wrist had positive Tinel's, Bracelet, and Finkelstein's tests. The treatment plan included visual analog scale, ranges of motion, and QFCE evaluations to objectively measure improvement in terms of pain, return to work, and activities of daily living per ACOEM and MTUS guidelines. The injured worker would be reevaluated in 4 weeks or when the prescribed therapy had been finished. The injured worker was not participating in a therapy program. Functional improvement was documented in the treatment plan by a decrease of in the visual analog scale from 4.0 to 3.5. The injured worker was released to work with restrictions that included no lifting more than 15 pounds and no repetitive gripping or grasping with either hand until October 2, 2013, however; it was noted that if the employer was unable to provide employment, then the injured worker's disability benefits should continue. The request for authorization was not submitted.

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 MTUS: ACOEM, CHAPTER 7, 138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , CORNERSTONES OF DISABILITY PREVENTION AND MANAGEMENT, 77-89

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines states it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines (ODG) further state that it is recommended prior to a work hardening program, with preference for assessments tailored to a specific task or job. A functional capacity evaluation (FCE) is not as effective when the referral is less collaborative and more directive. Job specific FCEs are more helpful than general assessments. The guidelines recommend consideration of an FCE if prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's ability. The guidelines note providers should not proceed with an FCE if the worker has returned to work and an ergonomic assessment has not been arranged. The clinical notes do not address the issue of a work hardening program or if the employer was not able to make accommodations for the injured worker. There was also a lack of documentation of conservative therapies and the injured worker's prior course of treatment. It appeared the injured worker has been cleared to return to work with restrictions; however, it did not appear an ergonomic assessment has been arranged. The request for a functional capacity evaluation is not medically necessary or appropriate.