

Case Number:	CM14-0019213		
Date Assigned:	04/21/2014	Date of Injury:	07/22/2013
Decision Date:	07/02/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation, has a subspecialty in 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 38 year old female who reported an injury on 07/22/2013, due to a slip and fall. The clinical note dated 01/31/2014 presented the claimant with a sharp dull pain in the cervical made worse by rotation, frequent sharp dull pain in the right shoulder with numbness and pain radiated to the right deltoid and elbow, frequent dull sharp pain to the right hip, and frequent sharp dull pain to the right ankle. Physical exam revealed decreased lumbar range of motion with pain noted in all planes and a positive Kemp's test bilaterally. The diagnoses include lumbosacral sprain/strain, right shoulder sprain/strain, lumbosacral neuritis, myofascial pain, and cervical sprain/strain. The treating physician recommended a QFCE to determine work restrictions. The request for authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

QFCE TO DETERMINE WORK RESTRICTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, FCE.

Decision rationale: The MTUS/ACOEM Guidelines state that a FCE 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 injured worker. The Official Disability Guidelines recommend a functional capacity evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The functional capacity evaluation is not recommended as routine use; as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job generally. In this case, the documentation is unclear as to how the functional capacity evaluation will aid the provider in the claimant's treatment plan and goals. There is a lack of information upon physical exam and a lack of documentation of other treatments the employee underwent previously and the measurement of progress with the prior treatments. Furthermore, there is a lack of documentation that employee has failed an attempt at return to work to warrant an FCE at this time to determine restrictions. Therefore, the request for a QFCE to determine work restrictions is not medically necessary and appropriate.