

Case Number:	CM14-0124339		
Date Assigned:	08/08/2014	Date of Injury:	07/28/2009
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 Illinois. 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 55-year-old female who reported an injury on 07/28/2009. The mechanism of injury was not provided for clinical review. The diagnoses included brain contusion, cerebral cortical contusion, TMJ(temporapmandibular joint) pain, left trigeminal burning pain, bilateral carpal tunnel syndrome, status post 2 left knee surgeries, cervical radiculopathy, lumbar radiculopathy, left shoulder pain, pericordial pressure, and standard of care. Previous treatments included physical therapy, medication, and sleep studies. Within the clinical note dated 06/04/2014, it was reported the injured worker complained of increased low back pain radiating into the right more than left leg. She complained of pain in both wrists, greater on the right side, and both elbows. She reported numbness in the right more than left hand and fingers. Upon the physical examination, the provider noted the injured worker to have severe occipital tenderness. She had TMJ tenderness. The injured worker had a caf au lait spot on her arm. The provider indicated the injured worker had decreased sensation in all 3 of the left trigeminal nerve. Sensation was decreased bilaterally in the ventral arms, forearms, right thenar region, and left hypothenar region. The provider indicated the injured worker had decreased sensation of the bilateral outer thighs. The injured worker had a positive Romberg test and a positive Tinel's. She had cervical and interscapular tenderness with some muscle spasms. She had increased interscapular spasms and tenderness. She had pain with swelling of the right ankle. The provider requested Functional Capacity Evaluation 5 months post right shoulder surgery. The Request for Authorization was provided and signed 07/10/2014.

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 1 Prevention Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM guidelines state that it may be necessary to obtain a more precise delineation of the injured worker capabilities than is available from routine physical examinations. Under some circumstances, this may be done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended for routine use, as part of occupational rehab or screening, or in generic assessment in which the question is whether someone can do any type of job generally. There is lack of documentation indicating the effect of the Functional Capacity Evaluation and how it will aid the provider in the injured worker's treatment planning goal. There is lack of significant documentation of the injured worker's previous treatments and the measurement of progress with the treatment. There is lack of documentation indicating the physician's rationale for the request. There is lack of significant neurological deficits within the clinical documentation submitted. The provider failed to document whether he had requested a work hardening program. Therefore, the request is not medically necessary.