

Case Number:	CM14-0124923		
Date Assigned:	08/11/2014	Date of Injury:	02/03/2012
Decision Date:	10/01/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 patient is a 29 year old female with 2/3/2012 industrial injury date. She sustained an injury to her right shoulder and thoracic spine when a 40-pound fan fell on her back. She previously underwent an unspecified left fifth finger surgery, date not provided. Treatments have included chiropractic acupuncture, TENS and medications. According to the available documentation, on 6/23/2014, the patient complained of neck pain with associated stiffness and weakness radiating to the upper back muscles. She also complains of left shoulder pain radiating to the upper extremity. Examination revealed decreased ROM of the cervical thoracic, thoracic spine, left shoulder, left elbow, and left wrist with pain elicited. A FCE is recommended and requested. According to the 7/3/2014 UDS the patient's prescribed medications are tramadol, naproxen and ibuprofen. However, the toxicology screen is negative for tramadol, which is not consistent with the medications list.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and

Management Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: The CA MTUS ACOEM states "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The purpose and medical necessity of an FCE is not clear in this case. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate she has injuries that require detailed exploration of her abilities. The medical records do not reflect that this patient is considered at/near MMI at this time and there is no evidence to support that the patient is a viable candidate for a work hardening program. The medical necessity of an FCE has not been established.