

Case Number:	CM14-0155628		
Date Assigned:	09/25/2014	Date of Injury:	05/29/2014
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 36-year-old female, who reported an injury on 05/29/2014. The mechanism of injury was reportedly a fall back against a wall as she twisted trying to remove a burning vacuum off of her back. Her diagnoses were cervical spine sprain/strain and lumbar spine sprain/strain. Her previous treatments included a home exercise program, physical therapy, medications, ice/heat, and rest. It was noted that she had x-rays done on the date of injury. The injured worker reported no previous surgeries. The physical examination of the cervical spine revealed tenderness over the paraspinal muscles, trapezius, and parascapular muscles bilaterally. There was tenderness to palpation felt over the cervical spine processes C3-C7; gross muscle strength was 5/5 on the upper extremities; and, sensory testing was normal. The physical examination of the lumbar spine revealed tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch, and sacral base bilaterally. The straight leg raise was negative, and the Kemp's test was positive bilaterally. It was noted that the sensory testing was normal and gross muscle testing was 5/5 in the lower extremities. On 07/28/2014, the injured worker complained of constant sharp stabbing pain, stiffness and tightness in her neck. She reported increased pain upon turning her head from side to side, flexing or extending her neck, overhead reaching, forward reaching, pushing, pulling, and lifting and/or carrying. She also reported constant sharp stabbing pain in her lower back. She rated her pain at 8/10. She complained of frequent dull aching pain in her left wrist and hand with constant swelling, numbness, and tingling. The injured worker complained of constant sharp stabbing pain on her right knee along with weakness and instability and at times had trouble maintaining equilibrium. Her medication was noted as Tylenol. The treatment plan was for a functional capacity evaluation. The rationale for the request and the Request for Authorization form were not provided.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Fitness for Duty Procedure Summary, Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation

Decision rationale: As stated in the Official Disability Guidelines, a functional capacity evaluation is not recommended as part of a routine occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The guidelines indicate that a functional capacity evaluation is an invaluable tool in the return to work process as an objective source for disability managers. The guidelines indicate that a functional capacity evaluation is recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The injured worker reportedly suffered from a cervical and lumbar spine sprain/strain but was able to return to work with restriction. It was also noted that she was going to start a short course of physical therapy for her cervical and lumbar spine. The guidelines indicate that a functional capacity evaluation is recommended prior to admission to a work hardening program, which there was no indication that the injured worker was entering such a program. Also, it is indicated not to proceed with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance. As such, the request for a Functional Capacity Evaluation is not medically necessary.