

Case Number:	CM14-0157733		
Date Assigned:	10/01/2014	Date of Injury:	05/16/2002
Decision Date:	12/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and neck pain reportedly associated with an industrial injury of May 16, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; corticosteroid injection therapy for tenosynovitis of the wrists; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for a functional capacity evaluation for the right hand and cervical spine. The applicant's attorney subsequently appealed. In a February 25, 2014 progress note, the applicant reported ongoing complaints of hand and neck pain reportedly attributed to cumulative trauma at work. The applicant was status post two prior cervical spine surgeries, it was noted, and was subsequently complaining of triggering about multiple digits. The applicant had also received several corticosteroid injections, it was acknowledged. The applicant's medications included Norvasc, benazepril, Suboxone, Diclofenac, and several dietary supplements. A corticosteroid injection was sought. The applicant was returned to regular duty work (on paper). On April 28, 2014, the applicant was placed off of work, on total temporary disability. Speech therapy was sought on the grounds that the applicant was reporting difficulty swallowing following his cervical spine surgery. In an August 28, 2014 progress note, the applicant was given a 30% whole person impairment rating for the cervical spine. It was stated that the applicant could not return to his usual customary occupation. A functional capacity assessment was endorsed to help quantify the applicant's functional abilities, it was stated. A 10-pound permanent lifting limitation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (Right Hand, Cervical Spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines.

Decision rationale: No, the proposed Functional Capacity Evaluation is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant is no longer working. The applicant has already taken a medical retirement from his/her former employer. There was no mention of the applicant's actively considering or contemplating any kind of return to workplace and/or workforce. There was no mention of the applicant's having a job to return to, several years removed from the date that the applicant reportedly took a medical retirement in 2010. It is not clear what role functional capacity testing would serve in the clinical context present here. Therefore, the request is not medically necessary.