

Case Number:	CM14-0157752		
Date Assigned:	10/01/2014	Date of Injury:	04/10/2011
Decision Date:	10/29/2014	UR Denial Date:	09/18/2014
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:

Patient is a 70 year-old male with date of injury 04/10/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/21/2014, lists subjective complaints as intermittent, moderate neck pain with radicular symptoms to the right and left shoulders, and low back pain with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the cervical spine revealed tenderness to palpation about the paracervical musculature with spasms. Range of motion was restricted due to pain. Decreased sensation of the bilateral C4-C5 dermatomes. Positive cervical spine compression. Left shoulder: tenderness to palpation about the anterolateral shoulder and supraspinatus. Mild tenderness extending to the pectoralis. Range of motion restricted due to pain. Rotator cuff weakness was noted. Lumbar spine: tenderness to palpation about the lumbar paravertebral musculature with spasms. Positive straight leg raise test at 70 degrees. Restricted range of motion due to pain. Decreased sensation in the L2-L3 dermatomes. Diagnosis: 1. Cervical pain/radiculopathy/sprain 2. MRI evidence of moderate foraminal stenosis at C5-6 and severe foraminal stenosis at C6-7 3. Left shoulder rotator cuff tendinitis/bursitis 4. Lumbar pain/radiculopathy/sprain/sciatica.

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 Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria.