

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0184549 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 04/05/2005 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 underlying date of injury in this case is 04/05/2005. The date of the utilization review under appeal is 10/29/2014. The patient's diagnoses include multilevel cervical disc desiccation with bulging, right wrist pain after carpal tunnel release, right shoulder impingement syndrome, facet syndrome, left de Quervain's tenosynovitis, and lumbar discopathy. A primary treating physician followup note states that the date of examination is 01/29/2013 on the first page, though reports the date as 01/29/2014 on the remaining pages. That report states that the patient presented for followup of low back and bilateral hand/wrist injury and had increased low back pain and leg pain and increasing symptoms particularly with prolonged standing and walking and repetitive activities at work. The treatment plan included lumbar epidural injections as well as plain films of the lumbar spine.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

Decision rationale: The California Medical Treatment Utilization Schedule assesses functional capacity evaluations in the context of work conditioning/work hardening, noting functional capacity evaluation may be required to assess the patient's ability to perform a particular job of medium or higher physical demand. This guideline discusses functional capacity evaluation specifically in the context of plans for return to work. The current medical records contain very limited discussion regarding specific return-to-work plans or a particular proposed job to which the patient would return. In this situation, overall, the medical records do not provide a diagnosis or clinical rationale to support an indication for functional capacity evaluation. This request is not medically necessary.