

Case Number:	CM14-0021424		
Date Assigned:	06/11/2014	Date of Injury:	08/27/2011
Decision Date:	07/14/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation, has a subspecialty 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 53-year-old male who reported an injury on 08/27/2011 as a result of repetitive work activity. Current diagnoses include cervical spine pain, myofasciitis, bilateral upper extremity radiculitis, lower back pain, and left shoulder sprain. The latest physician's progress report submitted for this review is documented on 03/21/2014. The injured worker reported increased pain with activity. Physical examination was not provided on that date. Treatment recommendations included a return to modified duties. It is noted that the injured worker has been placed at permanent and stationary status as of 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FINAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): pp. 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. Official

Disability Guidelines state a functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no documentation of any previous unsuccessful return to work attempts. Official Disability Guidelines further state a functional capacity evaluation should not be considered for the sole purpose to determine a worker's effort or compliance. Based on the clinical information received, the request of final Functional Capacity Evaluation is not medically necessary and appropriate.