

Case Number:	CM14-0021553		
Date Assigned:	06/20/2014	Date of Injury:	04/15/1995
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
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 and Rehabilitation and Pain Medicine, and is licensed to practice in Texas. 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 54 year old male who reported an injury to his back, neck, and upper extremities. A review of submitted documentation indicated the showed no description of the initial injury. However the injured worker stated the initial injury occurred on 04/15/95. A clinical note dated 02/19/14 indicated the injured worker continuing with right wrist pain with diminished sensation. A clinical note dated 01/08/14 indicated the injured worker continuing with neck pain radiating into the upper extremities. The injured worker demonstrated 5/5 strength throughout the upper extremities. The injured worker demonstrated normal range of motion throughout the neck. The utilization review dated 02/19/14 indicated the injured worker had returned to full duty despite ongoing low back, left knee, and neck pain. The request for functional capacity evaluation resulted in a denial as no information was submitted supporting ongoing deficits requiring formal testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Assessment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

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 Chapter, Functional Capacity Evaluation.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The clinical documentation indicates the injured worker complaining of neck pain. A functional capacity evaluation is indicated for patients who have had a prior unsuccessful return to work attempt; ongoing conflicting medical reports or injuries that require detailed exploration of their abilities. It appears from the clinical documentation the injured worker returned to work with full duty. No information was submitted regarding any conflicting medical records or ongoing injuries that require exploration of his functional deficits. Therefore, the request is not medically necessary.