

Case Number:	CM14-0026237		
Date Assigned:	06/13/2014	Date of Injury:	07/03/2013
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/02/2014

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 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 injured worker is a 52-year-old female with a reported date of injury on 07/03/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include closed fracture of L1 vertebral body, cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, lesion of sciatic nerve, and thoracic disc displacement without myelopathy. Her previous treatments were noted to include physical therapy, medications, and chiropractic therapy. The cervical range of motion was performed on 09/12/2013 and reported flexion was 55 degrees, extension was 15 degrees, left lateral bending was 35 degrees, right lateral bending was 34 degrees, left rotation was 33 degrees, and right rotation was 30 degrees. The progress note dated 01/29/2014 reported the injured worker complained of slight to moderate pain to the bilateral hips and numbness to the thoracic spine that increased in pain during the night when she would lie down as well as moderate pain to the lumbar and cervical spine. The physical examination showed spasms and tenderness to the bilateral paraspinal muscles from C3-7, bilateral suboccipital muscles and bilateral upper shoulder muscles. The provider reported spasm and tenderness to the bilateral paraspinal muscles from T4-10. The provider reported there was spasming and tenderness to the bilateral lumbar paraspinal muscles from L2-S1 and multifidus. A lumbar range of motion was performed which noted flexion to 32 degrees, extension to 10 degrees, left/right lateral bending to 15 degrees. The cervical spine range of motion test performed on 12/18/2013 reported flexion was to 32 degrees, extension was 18 degrees, left lateral bending was to 19 degrees, right lateral bending was to 25 degrees, left rotation was to 50 degrees, and cervical right rotation was to 25 degrees. The Request for Authorization form was not submitted within the medical records. The request is for a qualified functional capacity evaluation. The physician's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUALIFIED 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.

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, Functional Capacity Evaluation.

Decision rationale: The request for a functional capacity evaluation is not medically necessary. The injured worker completed 11 out of 20 previous sessions of work hardening. The Official Disability Guidelines recommend a functional capacity evaluation prior to admission to a work hardening program, with preference for assessments tailored to specific tasks or jobs. It is not recommend for routine use as part of an occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Both job specific and comprehensive functional capacity evaluations can be valuable tools in clinical decision making for the injured worker; however, functional capacity evaluations are extremely complex and multifaceted processes. The guidelines recommend for performing a functional capacity evaluation be recommended prior to admission of a work hardening program for preference for assessments tailored to a specific task or job. The guidelines state if a worker is actively participating in determining the ability for a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not as effective when the referral is less corroborative and more directive. The guidelines state it is important to provide as much detail as possible about the potential job to the assessor. Job specific functional capacity evaluations are more helpful than general assessments. The guidelines state consider a functional capacity evaluation if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified jobs, and injuries that require detailed exploration of a worker's abilities. The guidelines state timing is appropriate at close or at maximum medical improvement/all medical reports secured. Do not proceed with a functional capacity evaluation if the sole purpose is to determine the worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. There is a lack of documentation regarding the previous physical therapy's quantifiable objective functional improvements and there is also a lack of documentation regarding whether or not the injured worker will be returning to the work hardening program. There is a lack of documentation regarding job specific functional capacity evaluation to assist if the injured worker will be returning to work hardening. The guidelines recommend a functional capacity evaluation specifically for work hardening and therefore, a functional capacity evaluation is not appropriate at this time. Therefore, the request is not medically necessary.