

Case Number:	CM14-0026900		
Date Assigned:	06/13/2014	Date of Injury:	03/28/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 patient is a 30-year-old male with a date of injury on 3/28/2013. Diagnoses include cervical strain, cervical radiculopathy, lumbar and thoracic radiculopathy, and shoulder contusion. Subjective complaints are neck pain with radiation to the left hand with numbness and weakness. Also complains of left shoulder, elbow pain, and low back pain with radiation to the feet. Physical exam showed decreased cervical spine motion, intact motor and sensory exam. Lumbar spine had decreased range of motion. Treatments have included medications, transcutaneous electric nerve stimulation (TENS) unit, acupuncture, and chiropractic care. Submitted documentation does not provide detailed work requirements or vocational plan. Records do not indicate that patient has failed return to work attempts or is at maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness For Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION.

Decision rationale: CA MTUS recommends considering a functional capacity evaluation to translate medical impairment into functional limitations and determine work capability. The importance of an assessment is to have a measure that can be used repeatedly over course of treatment to demonstrate improvement of function. The ODG suggests that a functional capacity evaluation can be considered if: There are prior unsuccessful RTW attempts. Also, if there is conflicting medical reporting on precautions or fitness for a modified job, or injuries that require detailed exploration of a worker's abilities. Also, if the patient is close or at MMI, or additional/secondary conditions need to be clarified. For this patient, there is no submitted evidence that meets the above stated criteria. There was no specific job description or vocational plan of care in the reviewed records. Therefore, the medical necessity of a functional capacity evaluation is not established at this time and is therefore not medically necessary and appropriate.