MAXIMUS Federal Services

Case Number:	CM14-0027491		
Date Assigned:	06/13/2014	Date of Injury:	11/12/2013
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopaedic Surgery 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 employee is a 49-year-old female injured on November 12, 2013. The mechanism of injury was noted to be a trip and fall on a rug. The most recent progress note, dated February 18, 2014 indicated that there were ongoing complaints of cervical and lumbar spine pains. The physical examination demonstrated tenderness along the cervical spine and upper trapezius muscles. There was decreased cervical spine range of motion. There was a normal upper extremity neurological examination. Examination of the lumbar spine noted tenderness along the lumbar paravertebral muscles and decreased lumbar spine range of motion. That was a normal lower extremity neurological examination. Previous treatment included physical therapy and acupuncture. A request had been made for 12 sessions of chiropractic therapy and a functional capacity evaluation and was not certified in the pre-authorization process on February 14, 2014.

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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web). 2013, Fitness for Duty Chapter.

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, updated March 26, 2014.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation (FCE) is indicated only if there have been unsuccessful return to work attempts, conflicting medical reports or particular injury that would require a detailed exploration of the worker's abilities. An FCE should not be performed just to determine a worker's effort or compliance. The attached medical record states that the functional capacity evaluation was recommended simply to determine baseline function. Therefore, this request for a Functional Capacity Evaluation is not medically necessary.