

Case Number:	CM14-0033021		
Date Assigned:	04/23/2014	Date of Injury:	09/08/2013
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/18/2014

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 Illinois. 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 55-year-old female who was injured on 09/08/2013; the mechanism of injury was not provided within the medical records. The clinical note dated 01/07/2014 indicated diagnoses of carpal tunnel syndrome, displacement of lumbar intervertebral disk disorders (IVD) without myelopathy, impingement syndrome and displacement of cervical intervertebral disc without myelopathy. On physical exam, there was decreased range of motion to the lumbar and cervical spine. The request for authorization was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE).

Decision rationale: The request for functional capacity is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM), indicate it may be

necessary to describe more precisely the fit between the patient's current capability and actual job requirements; under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines (ODG) recommends a functional capacity evaluation prior to a work hardening program with preference tailored to a specific job or task. The guidelines recommend considering a functional capacity evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts. There is lack of evidence indicating the injured worker had failed return to work attempts. It was unclear if the injured worker was preparing to undergo work hardening. The requesting physician's rationale for the request was unclear. Therefore, the request for functional capacity is not medically necessary.