MAXIMUS Federal Services

Case Number:	CM14-0033698		
Date Assigned:	06/20/2014	Date of Injury:	07/20/2012
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/18/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female with a reported injury on 07/20/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/15/2014 reported that the injured worker complained of neck, left-sided shoulder and left-sided wrist pain. It was reported that the injured worker described radiculopathy to the upper extremities, mainly on the left side, with numbness, tingling and weakness. According to the clinical note dated 12/18/2013, her physical examination revealed spasms and tenderness over the paravertebral muscles of the cervical spine with decreased range of motion on flexion and extension. Diagnoses included cervical radiculopathy; sleep disorder due to pain, insomnia-type; thoracic sprain/strain; thoracic radiculopathy; shoulder tendonitis/bursitis; elbow tendonitis/bursitis; wrist tendonitis/bursitis; carpal tunnel syndrome; and status post left carpal tunnel release and right elbow epicondylar release surgeries. Medication regimen was not provided within a recent clinical note. The provider requested a Functional Capacity Evaluation to be performed in order to assess the injured worker's physical abilities to work and provide her with permanent work restrictions to expedite return to work status for her to continue working without further aggravation of her industrial injuries. The Request for Authorization was submitted on 02/28/2014. Prior treatments included psychiatric and physical therapy. It was reported that the injured worker has had 12 sessions of physical therapy, which did help to reduce pain and to increase her functional capacity as well as to facilitate her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluations related to the trunk and upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The California MTUS/ACOEM Guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation (FCE) prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. Consider an FCE if the case management is hampered by complex issues such as: a prior unsuccessful return to work (RTW) attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. Timing is appropriate: close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. In this case, the claimant has returned to work and an ergonomic assessment has not been arranged. There was a lack of clinical information indicating that the injured worker will be entering a work hardening program. There was a lack of clinical information indicating that the injured worker is actively participating in determining the suitability of her particular job. There is a lack of clinical evidence of the injured worker's job requirements provided within the clinical notes. Moreover, there is a lack of clinical information indicating that the injured worker has reached Maximum Medical Improvement and/or has failed attempts at returning to work. Therefore, the request for a functional capacity evaluation related to the trunk and upper extremities is not medically necessary and appropriate.