

Case Number:	CM14-0033771		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2013
Decision Date:	08/19/2014	UR Denial Date:	02/19/2014
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 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 41-year-old female who reported an injury on 12/26/2013 due to lifting a 30 pound object. The injured worker reportedly sustained an injury to her head, neck, mid and low back, left shoulder, left hip, left knee, left leg, left ankle, and left foot. The injured worker was evaluated on 01/15/2014. It was documented that the injured worker had moderate tenderness to palpation of the cervical spine, thoracic spine, and lumbar spine with decreased range of motion, a positive Kemp's test, a positive valgus varus stress test, positive impingement test, and positive cervical spine compression test. The injured worker's diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain. The injured worker's treatment recommendations included chiropractic care, acupuncture, biofeedback, exercises, and a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EXAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The requested Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a Functional Capacity Evaluation when a more precise delineation of an injured worker's physical demand level is needed beyond what can be provided during a normal traditional physical examination. The clinical documentation submitted for review does not provide any evidence that the patient is at or has reached maximum medical improvement or has failed to return to work due to an inability to meet functional demand levels. Therefore, the need for a Functional Capacity Evaluation is not indicated in this clinical situation. As such, the requested Functional Capacity Exam is not medically necessary or appropriate.