

Case Number:	CM14-0037394		
Date Assigned:	03/31/2014	Date of Injury:	04/10/2005
Decision Date:	08/12/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 62-year-old male who reported an injury on 04/10/2005 due to an unknown mechanism. A physical examination dated 04/28/2014 revealed the injured worker was nearly finished with 2 months worth of physical therapy without significant improvement of the right shoulder pain. The injured worker had a physical examination on 05/23/2014 with reports that he could not take Percocet 7.5 mg because it was too strong. The injured worker also had complaints of neck pain and right wrist pain. The examination revealed facet line tenderness at C2-4 and Allodynia right-sided neck from occiput down to trapezius. Musculoskeletal gait was normal and neurological exam was nonfocal. Medications for the injured worker were Advil as needed, Protonix 40 mg, compounded cream used as needed, and Hydrocodone APAP 7.5/325 mg for pain. The treatment plan was to discontinue Percocet 7.5/325 mg and change to Percocet 5/325 mg. a physical examination of the injured worker on 06/19/2014 revealed the injured worker stating that the pain was a little better. The injured worker still had complaints of neck pain and right wrist pain with pain radiating to the left C5 dermatome and C6 dermatome. The injured worker stated compared to the last visit, the pain was improved with new memory foam mattress. Past treatments for the injured worker were acupuncture without stimulation, physical therapy, and medial branch blocks under fluoroscopic guidance for the right C2, C3, and C4 on 11/25/2013. The injured worker also had medial branch radiofrequency ablation under fluoroscopic guidance on 01/06/2014 to the right C2, C3, and C4. The injured worker did state that the pain was improved for about 3 days. The injured worker had tried Tramadol and Nortriptyline in the past with side effects of constipation. Past surgical history was C4-7 fusion in 2007, right carpal tunnel release, and right hand neuroma excision. Functional gains reported by the injured worker were sleeping better. Diagnoses for the injured worker were spondylosis, cervical, without myelopathy; chronic pain; Allodynia; encounter for long-term (current) use of

other medications. The injured worker has been doing urine toxicology screens on a regular basis. The request was for a mini functional capacity exam which the injured worker had done in the past. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MINI 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 (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California ACOEM states clinicians should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. The next thing is to describe the functional limitations of the injured worker. Limitations represent the difference between the injured worker's current physical stamina, agility, strength, and cognitive ability and potential job requirements. The Official Disability Guidelines state for functional capacity evaluation, it is recommended for prior admission to a work hardening program. Functional capacity evaluation is not recommended as a routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The guidelines for performing a functional capacity evaluation are the injured worker is going into a work hardening program. Functional capacity evaluations should be done prior to unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The guidelines also state do not proceed with a functional capacity evaluation if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work and an ergonomic assessment has not been arranged. The reasoning for the request was not noted. The injured worker has had a functional capacity exam in the past, but it is not quite clear the rationale for the request at this time. It was not noted that the injured worker was being prepared to return to work. The injured worker has a torn right rotator cuff and he is refusing surgery at the moment. The injured worker had undergone several sessions of physical therapy with very little improvement. Pain medications have not been reduced. The medical necessity for a mini functional capacity examination has not been medically substantiated. Therefore, the request is not medically necessary.