

Case Number:	CM14-0037951		
Date Assigned:	06/25/2014	Date of Injury:	11/30/2011
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/31/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 59-year-old female who was injured on 11/30/11. The claimant suffered a work injury when she stepped on a piece of carboard (sic), slipped and fell. The prior treatment included group therapy, biofeedback, medications, chiropractic therapy and interferential unit. On 7/27/12 MRI of the cervical spine showed 3 millimeter disc bulge indenting the anterior thecal sac at C5-C6. MRI of the thoracic spine dated 9/17/12 showed 2.9 millimeter disc bulges abutting and flattening the anterior thecal sac. MRI of the right shoulder dated 3/22/12 showed 7 millimeter ganglion cyst between the coracoid process and supraspinatus tendon. MRI of the right hand dated 7/27/12 showed osteonecrosis of the carpal bones. MRI of the right shoulder dated 8/27/12 showed moderate impingement and tendinosis of the rotator cuff with a tear. MRI of the lumbar spine dated 8/27/12 showed 3.5 millimeter disc bulge at L4-L5 indenting the anterior thecal sac and facet hypertrophy and 5 millimeter disc bulge indenting the anterior thecal sac and facet hypertrophy at L5-S1. MRI of the right knee dated 8/28/12 showed abnormality at the posterior horn of the lateral meniscus representing an oblique tear and tendinitis of the patellar and quadriceps ligaments. On 10/10/13 acromioclavicular distance was 10.9 millimeter which was normal. Electrodiagnostic study (EMG/NCV) of the lower extremities dated 11/19/13 showed chronic right L4 radiculopathy and no evidence of generalized peripheral neuropathy. Prior treatment included group therapy, biofeedback, medications, chiropractic therapy and interferential unit. On 12/3/13 complaints of heart palpitations from high level of anxiety and nervousness is noted. Constant pain from mid to lower back is noted. Cervical and thoracic spine pain disorder associated with psychological condition and anxiety and depression are diagnoses. Per utilization review dated 3/13/14 final functional capacity evaluation (FCE) was denied as there was no documentation of a treatment plan; Also there was no subjective or objective documentation to substantiate such a request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders, Chapter 10 - Chronic Pain pg 853 ACOEM - <https://www.acoempracguides.org>. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Fata Institute, LLC Corpus Christi, TX www.odg-twc.com;

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The request for final functional capacity evaluation (FCE) is outlined in the initial Progress Report dated 2/21/13 where the claimant is referred for chiropractic treatment as well as Psychiatric-Psychological Consultation. The claimant appears to have completed Group therapy, biofeedback and medication management as well as chiropractic such that the Final FCE is reasonable to assess the claimant abilities prior to resumption of gainful employment. The request is medically necessary and appropriate.