MAXIMUS Federal Services

Case Number:	CM14-0050370		
Date Assigned:	06/25/2014	Date of Injury:	03/04/2013
Decision Date:	07/22/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 42-year-old female who reported an injury on 03/04/2013. The mechanism of injury was noted to be the injured worker slipped and fell. Her prior treatments were noted to be acupuncture, chiropractic care, and pain medication. The injured worker's diagnoses were noted to be cervical sprain/strain; thoracic sprain/strain; lumbar sprain/strain; left knee sprain/strain; left ankle sprain/strain; and rule out left ankle internal derangement. The injured worker had a clinical evaluation on 01/30/2014. The subjective complaints were neck pain radiating to shoulders with numbness, tingling, and weakness. She also indicated low back pain, stiffness, tingling, and weakness radiating to the left leg with numbness, tingling, and weakness. The objective findings included cervical range of motion was decreased and painful, +3 tenderness to palpation at the cervical paravertebral muscles and bilateral trapezii. There were muscle spasms in the cervical paravertebral muscles. Shoulder depression caused pain bilaterally. The thoracic ranges of motion were decreased and painful with 3+ tenderness to palpation of the thoracic paravertebral muscles. The lumbar ranges of motion were decreased and painful, with +3 tenderness to palpation of the lumbar paravertebral muscles. Kemp's caused pain bilaterally. The left knee ranges of motion were decreased and painful with +3 tenderness to palpation over the anterior knee. The left ankle ranges of motion were decreased and painful with +3 tenderness to palpation at the dorsal ankle and lateral ankle. The anterior drawer caused pain. Posterior drawer caused pain. The treatment plan was to continue acupuncture and a followup for pain medication and a referral for a Functional Capacity Evaluation. The Request for Authorization for medical treatment was not provided in the documentation. The provider's rationale for the Functional Capacity Evaluation was not provided within the documentation.

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 chapter 7, Independent Medical Examinations and Consultations, pg 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The Official Disability Guidelines recommend Functional Capacity Evaluation prior to admission to a work hardening 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 Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not as effective when the referral is less collaborative and more directive. It is more important to provide as much detail as possible about the potential job to the assessor. Job specific Functional Capacity Evaluations are more helpful than general assessments. The report should be accessible to all return to work participants. A Functional Capacity Evaluation is considered when the case management is hampered by complex issues such as unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for a modified job, or injuries that require detailed exploration of a worker's abilities. Do not proceed with a Functional Capacity Evaluation when 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. According to the evaluation on 01/30/2014, it is not indicated that the injured worker meets the criteria for a Functional Capacity Evaluation, according to the guidelines. Therefore, the request for Functional Capacity Evaluation is non-certified.