

Case Number:	CM14-0052135		
Date Assigned:	07/07/2014	Date of Injury:	03/14/2010
Decision Date:	08/15/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral shoulder, bilateral foot, and bilateral ankle pain reportedly associated with an industrial injury of March 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for a functional capacity evaluation. Non-MTUS ODG Guidelines were cited (but not clearly labeled) in the rationale. The claims administrator also stated that it was citing ACOEM but did not incorporate ACOEM Guidelines into its rationale or report. The applicant's attorney subsequently appealed. In a March 26, 2014 progress note, the applicant was described as having persistent multifocal pain complaints, ranging from 8-9/10. The applicant was using Norco, Celexa, Neurontin, and Valium. The applicant was also having anxiety and panic attacks. The applicant's work and functional status were not stated. On March 12, 2014, the applicant was again described as reporting 8-10/10 multifocal pain complaints. A functional capacity evaluation and interdisciplinary evaluation were sought. Neurontin was apparently renewed. It was stated that the applicant had previously completed functional restoration program some four years prior.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity testing can be employed when necessary to translate medical impairment into limitations and to determine work capability, in this case, however, the applicant is seemingly off of work. The applicant does not appear to have a job to return to. It is not stated how or if functional capacity testing would alter the treatment plan, clinical picture, or vocational picture. It is not clearly stated why it is necessary to formally quantify the applicant's abilities and capabilities if the applicant has no intention of returning to the workplace and/or workforce and/or no longer has a job to return to. Therefore, the request of Functional Capacity Evaluation is not medically necessary and appropriate.