

Case Number:	CM14-0053255		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2011
Decision Date:	12/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/10/11 when, while lifting boxes of cigarettes, she had back pain and a pulling sensation in her right wrist. Treatments included physical therapy. Testing included a cervical spine MRI and EMG/NCS. She was seen on 07/08/14. She was having neck, right arm, and low back pain with abnormal right upper and lower extremity sensation. Medications were hydrocodone and Motrin. The assessment references needing to be able to lift up to 50 pounds. Physical examination findings included decreased and painful cervical and lumbar spine range of motion. She had lumbar spine paraspinal muscle spasms. She was noted to ambulate slowly. There were positive Phalen and Compression tests. Imaging results were reviewed. The determination was that the claimant had reached maximum medical improvement. There was reference to consideration of vocational rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient functional capacity evaluation (FCE) for the lumbar spine and right wrist:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Fitness for Duty, Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck, low back, and right upper extremity pain. She is at maximum medical improvement and return to work or vocational rehabilitation is being considered. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant is at maximum medical improvement and no new treatment is being planned. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.