

Case Number:	CM14-0059175		
Date Assigned:	07/09/2014	Date of Injury:	04/05/2010
Decision Date:	09/23/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 California and Washington. 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 55-year-old male who reported injury on 04/05/2010. The injured worker's diagnosis included cervical spondylosis with myelopathy. The mechanism of injury was due to repetitive typing and computer work. The medications were noted to include Voltaren. The surgical history, diagnostic imaging and other therapies were not provided. The physical examination of 03/04/2014 revealed the injured worker had pain that was moderate to severe in the neck. The injured worker was noted to have additional pain in the right shoulder and weakness. The physical examination revealed the injured worker had tenderness along the left AC joint and the pain was sternoclavicular as well. The treatment plan included a Functional Capacity Evaluation and a TENS unit. The injured worker as to return to be modified work with no overhead work and to participate in limited lifting, pushing and pulling up to 15 pounds. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 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, 2ND Edition, Chapter 7 Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had a failure to return to work. The documentation indicated the injured worker was working modified duty. There was a lack of documentation indicating the injured worker was close to maximum medical improvement or that additional or secondary conditions had been clarified. Given the above, the request for initial Functional Capacity Evaluation is not medically necessary.