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| Case Number: | CM14-0068614 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 10/04/2013 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 05/13/2014 |

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 Family 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 injured worker is a 52 year old male whose date of injury is 10/04/2013. The injured worker crawled under a truck to re-install a drive line. As the injured worker exited out from under the vehicle, he bumped his head on the frame rail. Diagnoses are cervical disc herniation with myelopathy, cervical cranial syndrome and post concussion syndrome. The most recent clinical documentation submitted for review is dated 03/19/14. The injured worker complains of cervical spine pain and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Work conditioning, work hardening

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 Chapter, Functional capacity evaluation

Decision rationale: Based on the clinical information provided, the request for qualified functional capacity evaluation 97670 is not recommended as medically necessary. There is

insufficient clinical information provided to support this request. There is no clear rationale provided to support the requested evaluation. There is no documentation of prior unsuccessful return to work attempts as required by the Official Disability Guidelines. It is unclear if the injured worker is being recommended for a work hardening/chronic pain management program. There is no comprehensive assessment of recent treatment completed and no current, detailed physical examination was submitted for review. Given the current clinical data, the requested functional capacity evaluation is not medically necessary.