

Case Number:	CM14-0069941		
Date Assigned:	07/16/2014	Date of Injury:	03/06/2014
Decision Date:	08/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 37-year-old female who reported an injury on 03/06/2014. The mechanism of injury was noted to be placing price tickets and folding shirts. Prior treatments were noted to be physical therapy, chiropractic care, injections and medications. The injured worker's diagnosis was noted to be right carpal tunnel syndrome. A clinical evaluation on 06/12/2014 indicates that the injured worker was with complaints of pain involving the dorsal spinal region with radiation into the cervical spine. There was associated tingling involved with the dorsal spinal region. The physical examination revealed cervical paraspinal pain. Range of motion of the cervical spine was found to be decreased, with pain on extreme ranges of motion. Sensation, reflexes and strength in the upper extremities were intact. The evaluation did not have a treatment plan, just a diagnosis of carpal tunnel syndrome. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for Medical Treatment 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, Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning Section Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for a Functional Capacity Evaluation of the neck is non-certified. The California MTUS/American College of Occupational and Environmental Medicine recognize that Functional Capacity Exams/Evaluations are a supported tool for assessing an injured worker's function and functional recovery. The California MTUS Chronic Pain Medical Treatment Guidelines state that a Functional Capacity Evaluation may be required, showing consistent results with maximal effort, demonstrating capacities below an employer-verified physical demands analysis. The Official Disability Guidelines recommend a 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. According to the documentation submitted for review, it is not indicated that the injured worker is actively participating in determining the suitability of a particular job. Without additional documentation to support the criteria that the guidelines provide for a Functional Capacity Evaluation, the documentation currently appears to be more directive and not as collaborative. The documentation provided does not indicate an employer-verified physical demand analysis request. In addition, it is not noted that there is a work hardening program to follow the Functional Capacity Evaluation. Therefore, according to the guidelines, the request for a Functional Capacity Evaluation for the neck is not medically necessary.