

Case Number:	CM14-0081588		
Date Assigned:	07/18/2014	Date of Injury:	03/15/2014
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain 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 39-year-old male who reported an injury on 03/15/2014. The mechanism of injury was not provided. On 03/19/2014, the injured worker presented with low back, and shoulder pain. There was no previous surgical history or medications provided. Upon examination of the cervical spine there was restricted, painful, range of motion in all planes and tenderness to palpation over the trapezius, levator, scapula, and rhomboids bilaterally. There was a positive cervical distraction, foraminal compression, and shoulder depression tests bilaterally. The cervical range of motion values were 40 degrees of flexion, 50 degrees of extension, 60 degrees of right rotation, 50 degrees of left rotation, and 30 degrees of bilateral bending. Examination of the lumbar spine revealed painful restricted range of motion in all planes. The range of motion values were 60 degrees of flexion, 20 degrees of extension, 30 degrees of bilateral rotation, and 20 degrees of bilateral bending. Examination of the upper extremities revealed restricted, painful, range of motion bilaterally and tenderness noted over the AC joint, deltoid bursal and bicipital tendon grooves bilaterally. There was a positive impingement and apprehensive tests with normal wrist range of motion with pain. The diagnoses were cervical sprain/strain, cervical myofasciitis, sprain of wrists, sprain/strain, lumbosacral sprain/strain, radicular symptoms of the lower extremity, shoulder sprain/strain, and impingement syndrome. The provider recommended a Functional Capacity Evaluation, the provider's rationale was not provided. A Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Online Edition Chapter Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. There is lack of documentation of other treatments the injured worker underwent previous and the measurement of progress as well as the efficacy of the prior treatments. The documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in evolving the treatment plan or goals. Additionally, the provider's rationale was not provided. As such, the request for a Functional Capacity Evaluation is not medically necessary.