

Case Number:	CM14-0088861		
Date Assigned:	10/07/2014	Date of Injury:	06/03/2013
Decision Date:	11/07/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/12/2014

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:

This is a 59-year-old male with a 6/3/13 date of injury; when he sustained injuries to his neck, lower back and shoulders during a car accident. The patient was seen on 5/7/14 with complaints of pain in the cervical spine, lumbar spine and bilateral shoulders. Exam findings revealed tenderness and spasm in the cervical paraspinal muscles, tenderness and +3 spasm in the lumbar paraspinal muscles and tenderness and +2 spasm in the bilateral upper shoulder muscles. The note stated that the patient underwent an Agreed Medical Evaluators (AME) on 4/9/14 and was unaware of the recommendations; and that the patient developed anxiety and radiating pain from his back to his right hip and lower extremity 3 weeks ago and was not able to walk, exercise, climb up the stairs due to pain. The note indicated that the patient was released to work with restrictions till 7/7/14. The diagnosis is cervical disc herniation with myelopathy, lumbar disc displacement without myelopathy, bursitis and tendonitis of bilateral shoulders, bilateral rotator cuff sprain/strain. Treatment to date: work restrictions, steroid injections, medications, hot/cold patch, and lumbar brace. An adverse determination was received on 5/23/14 given that the patient underwent an AME on 4/9/14 and that there was no rationale clearly identifying why a Functional Capacity Evaluation (FCE) would be necessary after an Agreed Medical Evaluators (AME).

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation x 1 (one): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Independent Medical Examinations and Consultations Chapter 7 (page 132-139) Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The notes indicated that the patient underwent an AME on 4/9/14 and that the patient was released to work with restrictions till 7/7/14. However, it is not clear why an addition evaluation was needed. The patient returned to work with restrictions and there is a lack of documentation indicating that the patient's injuries required detailed exploration of the patient's abilities. Therefore, the request for Qualified Functional Capacity Evaluation x 1 (one) was not medically necessary.