MAXIMUS Federal Services

Case Number:	CM14-0096993		
Date Assigned:	07/28/2014	Date of Injury:	12/19/2006
Decision Date:	10/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Alabama. 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 patient is a 47 year old female who was injured on 12/19/2006. The mechanism of injury is unknown. Prior medication history included Celebrex, Flexeril, Ambien, Colace, Percocet, and Pennsaid. Her prior treatment history included trigger point injection which did not provide her with much relief; TENS units which did not help; Vicodin and tramadol. Office note dated 05/13/2014 states the patient presented with complaints of neck pain. She reported her pain level is unchanged and her quality of sleep is fair. On exam, there was tenderness noted over the paravertebral muscles of the cervical spine revealed range of motion is restricted with flexion limited to 20 degrees; extension limited to 10 degrees; lateral rotation to the left is limited to 30 degrees and lateral rotation to the right is limited to 35 degrees. Her neck movements were restricted with left lateral rotation limited to 5 degrees limited by pain and right lateral rotation limited to 22 degrees. Her shoulder movements are restricted as well with flexion to 145 degrees; extension to 40 degrees; abduction to 130 degrees; internal rotation to 70 degrees. The patient was diagnosed with shoulder pain and cervical pain. She was recommended for a functional capacity evaluation. Prior utilization review dated 05/30/2014 states the request for Functional Capacity Evaluations not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

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 Official Disability Guidelines (ODG)Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The above ODG guidelines regarding functional capacity evaluation states:Consider an FCE if1. Case management is hampered by complex issues such as:- 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.2. Timing is appropriate:- Close or at MMI/all key medical reports secured.- Additional/secondary conditions clarified.Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.In this case, A note from 1/9/14 states "It was my opinion that Ms. Anastas had reached a point of maximal medical improvement with regard to her left shoulder, and I provided the parties with a probative permanent impairment rating" which suggests she is close or at MMI as per guidelines above. In addition, there is no question here of the "worker's effort or compliance" as it appears the patient is continuing work under "Modified Duty" as [redacted] has written, and "Patient states that since her work restrictions have changed she has been working harder." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.