

Case Number:	CM14-0189538		
Date Assigned:	11/20/2014	Date of Injury:	03/14/2013
Decision Date:	01/08/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/13/2014

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 North Carolina. 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 31-year-old with a reported date of injury of 09/01/2012-10/01/2013. The patient has the diagnoses of herniated cervical disc at C4/5 and C5/6, lumbar spine strain/sprain with radiculopathy, median neuritis and status post excision of ganglion cyst in left wrist. Per the most recent progress notes provided for review from the treating physician dated 10/13/2014, the patient had complaints of upper back pain, low back pain, arm and wrist pain. The mechanism of injury was repetitive/continuous activity. The physical exam noted lumbar paraspinal tenderness and spasm and facet tenderness. The left wrist had dorsal capsular tenderness and a positive Phalen's test. Treatment plan recommendations included MRI of the lumbar spine, pain medications, home exercise program, functional capacity evaluation and upper extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measurement with functional improvement measures using NIOSH Testing 30 days one baseline and one P&S complete functional improvement measurement plus FML using NIOSH testing every 30 days while undergoing treatment:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, Chapter 7, page 137

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified There is no indication in the provided documentation of recent failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG. Therefore, the request for Functional improvement measurement with functional improvement measures using NIOSH Testing 30 days one baseline and one P&S complete functional improvement measurement plus FML using NIOSH testing every 30 days while undergoing treatment is not medically necessary.