

Case Number:	CM14-0201636		
Date Assigned:	12/12/2014	Date of Injury:	12/11/2012
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency 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:

Patient with reported date of injury on 12/11/2012. Mechanism of injury was not documented. Patient has a diagnosis of cervical/lumbar discopathy, carpal tunnel syndrome/double crush syndrome, R shoulder pain and R hip pain. Medical reports reviewed. Various reports including progress notes up until 2/2014 and the Functional Capacity Evaluation under review was sent. These notes were not reviewed. As per MTUS Guidelines, only information available to provider prior to service would be considered for review since prospective information does not retrospectively change the criteria used for independent review as per MTUS criteria. Last report reviewed is until 11/22/13. Patient has neck pain, headaches, shoulder pains and low back pains. Pain has been stable. Objective exam reveals tenderness to neck with spasms to paraspinals and trapezius bilaterally. Spurling's positive. Pain and limited range of motion (ROM). R shoulder has anterior tenderness. Positive impingement. Lumbar spine also has tenderness to paraspinals and spasms. Limited ROM. Sensory changed in L5-S1. R hip with tenderness and ROM. Patient is reportedly retired. MRI of cervical spine (9/9/13) revealed C3-4 2-3mm posterior disc bulge compromising exiting nerve roots, C7-T1 2-3mm extrusion. Facet joint hypertrophy. MRI of lumbar spine (9/9/13) revealed L4-5 disc bulge, L5-S1 disc bulge with facet arthropathy. Independent Medical Review is for Functional Capacity Evaluation (retrospective DOS 11/14/13). Prior UR on 10/28/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: Per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, page 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. Injured worker is also reportedly retired at the time of FCE request. The request for FCE is not medically necessary.