

Case Number:	CM14-0211583		
Date Assigned:	12/24/2014	Date of Injury:	05/05/2010
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

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 65-year-old male who reported an injury on 05/05/2010. The mechanism of injury was not provided. The current diagnoses include right rotator cuff tear, lumbar disc syndrome, lumbar radiculitis, lumbar spine spondylosis, rule out hernia, and headaches. The injured worker presented on 09/29/2014 with complaints of neck pain, left arm pain, low back pain, umbilical pain, headaches, and insomnia with activity limitation. It was noted that the injured worker was attending physical therapy 3 times per week. Upon examination, there was normal range of motion of the bilateral shoulders, lumbar paraspinal tenderness, normal range of motion of the lumbar spine, 5/5 motor strength in the bilateral lower extremities, negative straight leg raise bilaterally, and intact sensation. Treatment recommendations included a functional capacity evaluation to assess the injured worker's current abilities and limitation prior to considering permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional capacity evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The Official Disability Guidelines state, a functional capacity evaluation may be indicated if the timing is appropriate and case management is hampered by complex issues. According to the documentation provided, the injured worker was actively participating in physical therapy. There was no indication that this injured worker had reached or was close to reaching maximum medical improvement. There was also no mention of prior unsuccessful return to work attempts. As the medical necessity has not been established in this case, the request is not medically appropriate at this time.