

Case Number:	CM14-0069325		
Date Assigned:	07/14/2014	Date of Injury:	08/27/2012
Decision Date:	01/02/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 27, 2012. In a Utilization Review Report dated May 2, 2014, the claims administrator denied a request for a functional capacity evaluation for the cervical spine, invoking non-MTUS Chapter 7 ACOEM Guidelines. The applicant's attorney subsequently appealed. In an early note dated January 8, 2014, the applicant was placed off of work, on total temporary disability. In a handwritten work status reported dated February 5, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation. It was not clear whether the applicant was working with said limitation in place. On March 5, 2014, the applicant reported ongoing complaints of neck pain, exacerbated by bending and twisting activities. Weakness about the hands was noted. Flexeril, Vicodin, and a functional capacity evaluation were endorsed, along with work restrictions. It did not appear that the applicant was working with said limitations in place. The attending provider stated that he wished the applicant to obtain a functional capacity evaluation prior to being declared permanent and stationary. On April 2, 2014, the attending provider renewed his request for the proposed functional restoration program while renewing Vicodin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Independent Medical Examinations & Consultations Pg 137-138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21, does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, it was not clearly stated why functional capacity testing was needed here. The applicant did not appear to be working with limitations in place. It is not clear why functional capacity testing is being sought. The applicant does not appear to have a job to return at [REDACTED] [REDACTED] It is not clear why functional capacity testing is being sought in the clinical context present here. Therefore, the request is not medically necessary.