

Case Number:	CM15-0142490		
Date Assigned:	08/03/2015	Date of Injury:	02/05/2010
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female patient who sustained an industrial injury on February 05, 2010. A recent primary treating office visit dated June 11, 2015 reported the following treating diagnoses applied: pain in joint shoulder; lumbago; brachial neuritis and radiculitis, and unspecified thoracic lumbar neuritis. The plan of care noted a functional capacity evaluation pending prior to permanent and stationary status. There is mention of multiple denials for the purchase of an H-wave unit; epidural steroid injection, magnetic resonance imaging study of lumbar spine and course of physical therapy. The patient is with subjective complaint of constant moderate pain. She is requesting a larger brace, stating the current size is too tight and makes her nauseous. She ambulates slowly utilizing a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work-related injury in February 2010 and is being treated for neck and low back pain and right shoulder pain. She has a history of a lumbar compression fracture and cervical radiculitis. Physical examination findings included decreased cervical and lumbar range of motion. There was positive right straight leg raising. There was a slow gait and the claimant was unable to perform heel/toe walking. There was pain with cervical range of motion. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, although no new treatment is being planned there is no return to work plan being considered. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is not medically necessary.