

Case Number:	CM15-0162554		
Date Assigned:	08/28/2015	Date of Injury:	05/24/2011
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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 43 year old female, who sustained an industrial injury on May 24, 2011. She reported right elbow and right arm pain. Treatment to date has included x-rays, elbow support, medications, physical therapy, cortisone injection, MRI, chiropractic and acupuncture therapy, electrodiagnostic studies, and surgery and activity modification. Currently, the injured worker complains of constant neck pain that is rated at 7 on 10, constant low back pain rated at 7 on 10 and constant bilateral wrist and hand pain rated at 7 on 10. The injured worker is currently diagnosed with cervical spine sprain-strain, lumbar spine sprain-strain, lumbar spine dextroscoliosis and disc protrusions with radiculopathy, right leg radiculitis, right foot pain, right ankle enthesopathy and myospasms. Her work status is temporary total disability. A note dated July 1, 2015, states the injured worker is improving post-operatively. Her pain is decreasing and she is experiencing efficacy from physical therapy; however, she continues to experience difficulty with lifting, pushing and grasping. A progress note dated July 8, 2015, states the injured worker experiences pain relief from ice, medications, rest and therapy. The note also states she receives good pain control from medications. It further states the injured worker is responding well to chiropractic care. A functional capacity evaluation is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE) (2015).

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) Chapter7, p63-64.

Decision rationale: A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional treatments and is therefore not considered at maximum medical improvement. There is no return to work plan or job being considered. Requesting a Functional Capacity Evaluation at this time is not medically necessary.