

Case Number:	CM15-0193669		
Date Assigned:	10/07/2015	Date of Injury:	12/30/2012
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This is a 50-year-old male with a date of industrial injury 12-30-2012. The medical records indicated the injured worker (IW) was treated for cervical and lumbar spine sprain-strain; L5-S1 disc herniation; and left shoulder pain-osteoarthritis. In the progress notes (5-4-15 and 6-15-15), the IW reported mild neck pain, moderate to severe lower back pain and left shoulder pain. Medications included Tramadol and Prilosec. On examination (5-4-15 and 6-15-15 notes), there was tenderness to the cervical and lumbar paraspinal muscles and the left shoulder. Left shoulder range of motion was 140 degrees forward flexion, 140 degrees abduction, 35 degrees extension and 25 degrees internal and external rotation. Lumbar spine range of motion was 30 degrees forward flexion and 15 degrees extension and bilateral lateral bending. Spasms were present in the lumbar paraspinal muscles. Treatments included medications and home exercise program. The Functional Capacity Evaluation was submitted for review. The IW was temporarily totally disabled. A Request for Authorization dated 5-4-15 was received for retrospective functional capacity evaluation (FCE) completed on 05/04/15. The Utilization Review on 9-11-15 non-certified the request for retrospective functional capacity evaluation (FCE) completed on 05/04/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective FCE (Functional capacity evaluation) completed 5/4/15: 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) 2015, 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, p63-64.

Decision rationale: The claimant sustained a work injury in December 2012 with injury to the low back while lifting a bag of wet mops working as a laborer. When seen, he was having left shoulder pain, mild neck pain, and moderate to severe lumbosacral pain. Physical examination findings included cervical and lumbar paraspinal and left shoulder tenderness. Pain medications were continued. A home exercise program was recommended. A functional capacity evaluation was requested and permanent and stationary status was soon. The claimant had not returned to work. A Functional Capacity Evaluation is an option for select patients with chronic pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. A Functional Capacity Evaluation at this time is not medically necessary.