

Case Number:	CM15-0199639		
Date Assigned:	10/14/2015	Date of Injury:	11/17/2014
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic shoulder, forearm, wrist, neck, mid back, and low back pain reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for a functional improvement measures test/functional capacity test. The claims administrator referenced an RFA form received on September 2, 2015 in its determination. The applicant's attorney subsequently appealed. On July 14, 2015, the applicant reported ongoing complaints of low back pain. Prilosec, Motrin, Flexeril, acupuncture, autonomic nervous system testing, extracorporeal shock wave therapy, localized intense neurostimulation therapy, lumbar MRI imaging, an orthopedic consultation, and functional improvement measures testing, and urine drug testing were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional improvement measurement with limited functional improvement measuring using NIOSH standard testing (30-60 days) for the right shoulder, right forearm, bilateral wrist, bilateral hand, neck, lumbar spine and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examination and Consultations. Official Disability Guidelines, Fitness for duty chapter (FCE) Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the request for a functional improvement measures test (AKA Functional Capacity Evaluation) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that Functional Capacity Evaluation can be considered when necessary to translate medical impairment into limitations and restrictions and/or to determine work capability, however, the applicant was placed off of work, on total temporary disability, as of the date of the request. It did not appear that the applicant had a job to return to. It was not clearly stated or clearly established why functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Functional Capacity Evaluation can be employed as a precursor to pursuit of a work hardening program, here, however, there was no mention of the applicant's intent to pursue a work hardening or work conditioning program of any kind on or around the date in question. Therefore, the request was not medically necessary.