

Case Number:	CM15-0200936		
Date Assigned:	10/16/2015	Date of Injury:	07/18/2015
Decision Date:	11/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 35 year old male, who sustained an industrial-work injury on 7-18-15. A review of the medical records indicates that the injured worker is undergoing treatment for right cervical spine strain, left shoulder strain, thoracic strain and lumbar strain. Medical records dated 9-18-15 indicate that the injured worker complains of sharp pain in the neck that radiates between the shoulder blades. He complains of constant sharp throbbing pain in the left shoulder that radiates down the side of the shoulder blade. He also complains of limited range of motion. Per the treating physician report dated 9-18-15 the injured worker has not returned to work. The physical exam reveals that he is in mild apparent distress, he sits with rigid postures, and there is limping or distorted gait. He has extremely slow movements and stoops while walking. There is pain in the C2 and C3 areas specifically with rotation and flexion. There is tenderness along the biceps tendon groove of the left shoulder and there is sleep pain in the central T6-12 and the L5-S1 paravertebral muscles. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 8-31-15 reveals right central disc protrusion causing moderate dural compression and right stenosis. There is degenerative change with right stenosis at C5-6, C6-7 and C7-T1. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 8-31-15 reveals normal lumbar test. Treatment to date has included pain medication Ultram and Naprosyn, physical therapy at least 6 sessions, diagnostics, and work modifications. The requested service included Functional Capacity Evaluation (FCE). The original Utilization review dated 10-9-15 non-certified the request for Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity Evaluation (FCE) is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The FCE timing should be near MMI. The documentation indicates that the patient is near MMI. The documentation indicates that the patient's duties were changed from modified (there is no light duty at his job) to TTD. It does not appear that the patient's case has been hampered by complex issues, conflicting medical reporting. It is unclear why the patient needs an FCE. The request for a functional capacity evaluation is not medically necessary.