

Case Number:	CM15-0021177		
Date Assigned:	02/10/2015	Date of Injury:	03/16/2013
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old female who reported an injury on 03/16/2013 due to an unspecified mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine and upper extremities. The injured worker was evaluated on 11/20/2014. Physical examination findings included tenderness to palpation of the paravertebral musculature of the cervical and lumbar spine with decreased range of motion of the cervical and lumbar spine due to pain. The injured worker had decreased sensation and pain in the C6-7 and L5-S1 dermatomal distributions bilaterally. The injured worker's diagnoses included cervical radiculopathy and lumbosacral radiculopathy. It was noted that the injured worker was not taking any medications due to breastfeeding. The injured worker's treatment plan included electrodiagnostic studies of the upper extremities to rule out peripheral nerve entrapment. The treatment plan also included a Functional Capacity Evaluation to assess the injured worker's current physical abilities. It was documented that the injured worker's work status was at modified work duties. A Request for Authorization was submitted on 01/16/2015 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends Functional Capacity Evaluations when a more precise delineation of the injured worker's work capabilities is required beyond what can be provided during a normal physical examination provided by the injured worker's physician. The clinical documentation submitted for review does indicate that the injured worker is stable and working with modified work duties. However, the clinical documentation does not indicate that the injured worker has failed to return to full work duty status. There was also no indication that the injured worker requires a more precise evaluation of the injured worker's capability beyond what can be provided by the physician. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.