MAXIMUS Federal Services

Case Number:	CM15-0024905		
Date Assigned:	02/17/2015	Date of Injury:	01/27/2014
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on January 27, 2014. She has reported shoulder, back, wrist, hand, knee, and foot and ankle pain. The diagnoses have included lumbar spine spondylosis, bursitis/tendonitis of the shoulders, carpal tunnel syndrome, tendonitis/bursitis of the hands and wrists, chondromalacia patella, and plantar fasciitis. Treatment to date has included physical medicine, medications, and home exercises. A progress note dated December 17, 2014 indicates a chief complaint of continued shoulder, back, wrist, hand, knee, and foot and ankle pain. Physical examination showed decreased range of motion of the lumbar spine, decreased Achilles tendon reflexes bilaterally, bilateral shoulder, wrist, hand knee and foot spasms and tenderness, decreased range of motion of the bilateral shoulders, wrists, and knees, and decreased range of motion of the right ankle. This progress report notes that the injured worker is released to work with restrictions. It is also noted that the injured worker is not considered permanent and stationery and additional treatment is requested. The treating physician is requesting a qualified functional capacity evaluation. On January 22, 2015 Utilization Review denied the request citing the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental medicine, 2nd edition, chapter 7, Independent Medical Examinations and Consultations (pages 132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for duty chapter, Functional Capacity Evaluation

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation may be considered if there has been prior unsuccessful return to work attempts and if the injured worker is close to or at maximum medical improvement. In this case, the 12/17/14 examination narrative notes that the injured worker is being returned to work with restrictions. It is also noted that the injured worker is not considered permanent and stationery and additional treatment is being requested. The injured worker does not meet the criteria for undergoing a functional capacity evaluation. The request for qualified functional capacity evaluation is not medically necessary.