

Case Number:	CM15-0211321		
Date Assigned:	10/30/2015	Date of Injury:	04/17/2013
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 33 year old female, who sustained an industrial injury on April 17, 2013, incurring neck, upper back and left arm injuries. She was diagnosed with cervical disc disease, cervical radiculopathy, and thoracic herniations. Treatment included anti-inflammatory drugs, physical therapy, topical analgesic patches, and chiropractic sessions, five sessions of acupuncture and limited activities and modifications. Currently, the injured worker complained of continued neck pain, upper back pain and left upper extremity pain and numbness with hand weakness. She noted limited range of motion to the cervical spine secondary to pain. There were muscle spasms radiating down to the lower back. Electromyography studies revealed cervical radiculopathy and a cervical Magnetic Resonance Imaging showed herniations, and a cervical hemangioma. The treatment plan that was requested for authorization included a functional capacity evaluation #32 units. On October 20, 2015, a request for a functional capacity evaluation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation #32 units: 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 Examinations and Consultations, page 511.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The claimant sustained a work injury in April 2013 when she had neck and left upper extremity pain while working as a bartender. She has findings of left cervical radiculopathy. No surgery is being recommended. In July 2015, her condition had improved. She still had residual neck and back pain, which was becoming more intermittent and stabilized. A trial of unrestricted work beginning in August 2015 was recommended. In September 2015, she was working at full duty. She was tolerating work well but had a 50% increase in neck pain and was having spasms. Physical examination findings included limited cervical range of motion with spasms and positive Spurling's testing. A functional capacity evaluation is being requested. A functional capacity evaluation can be recommended prior to admission to a Work Hardening (WH) Program. A functional capacity evaluation should not be performed if the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the claimant has returned to work without restrictions. An ergonomic evaluation if needed would be the next step in her treatment. A functional capacity evaluation is not medically necessary.