

Case Number:	CM15-0031277		
Date Assigned:	02/24/2015	Date of Injury:	03/05/2012
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 injured worker is a 48 year old female who sustained an industrial injury on 03/05/2012. Current diagnoses include cervical strain with radiculopathy, chronic multilevel degenerative disc disease and facet disease, multilevel disc desiccation with mild biforaminal stenosis, left shoulder contusion, and left shoulder tendinosis with non-retracted partial tear. Previous treatments included medication management, physical therapy, and acupuncture. Report dated 01/26/2015 noted that the injured worker presented with complaints that included neck, left shoulder, left elbow, and low back pain with numbness and tingling in her left arm, low back, and left leg. Physical examination was positive for abnormal findings. Utilization review performed on 02/09/2015 non-certified a prescription for functional capacity evaluation, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Functional Capacity Evaluation (FCE) section.

Decision rationale: The MTUS Guidelines do not address the use of functional capacity evaluation in the determination of ability to return to work. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if: 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities; 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if: 1) the sole purpose is to determine a worker's effort or compliance; 2) the worker has returned to work and an ergonomic assessment has not been arranged. The requesting physician explains that the injured worker has neared maximum medical improvement and the FCE is desired to accurately address the injured worker's ability to work. The injured worker has currently recommendations to return to work with modified duty of no lifting/carrying over 5 pounds, no forceful pushing with the left arm, no overhead work and no prolonged neck bending. Utilization review recommended not certifying this request because of lack of evidence of failed attempts to return to work. Medical necessity of this request has been established within the recommendations of the ODG because the timing of the request and the requesting physician needs additional information regarding the injured worker's abilities. The request for 1 Functional Capacity Evaluation is determined to be medically necessary.