

Case Number:	CM15-0034476		
Date Assigned:	03/17/2015	Date of Injury:	11/28/2012
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: Florida

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 60-year-old female who sustained an industrial injury on 11/28/2012. Diagnoses include cervical spine and right trapezius sprain/strain; status post-operative anterior cervical disc fusion at C5-6 and C6-7 on 08/27/2014, cervical discopathy, stress and anxiety, and status post AME of [REDACTED]. Treatment to date has included surgery, physical therapy and medications. A physician progress note dated 01/22/2015 documents the injured worker complains of intermittent moderate neck pain with occasional headaches. She has no radicular symptoms. She has tenderness to palpation about the paracervical and trapezial musculature and muscle spasms are noted. There is restricted range of motion due to complaints of pain. The current plan of care is for the injured worker to undergo a functional capacity evaluation to assess her return to work environment. The requested treatment is for a functional capacity assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Replacement and periodic examinations, page 11-12 Page(s): Replacement and periodic examinations, page 11-12.

Decision rationale: Functional Capacity Evaluations are recommended if a patient is ready to return to full duty work, but there is conflicting evidence on readiness, or prior to admission to a work hardening program. California MTUS guidelines state, "At present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The replacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis." MTUS guidelines do not fully support functional capacity evaluations as evidence is lacking. Regarding this patient's case, it has not been established in the documentation that this patient is ready to return to full duty. She is currently noted to be temporarily very disabled. Likewise, this request for a Functional Capacity Evaluation is not considered medically necessary.