

Case Number:	CM15-0036478		
Date Assigned:	03/05/2015	Date of Injury:	03/17/2014
Decision Date:	04/10/2015	UR Denial Date:	02/01/2015
Priority:	Standard	Application Received:	02/26/2015

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: 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 36 year old female, who sustained an industrial injury on 03/17/2014. She has reported upper back and arm pain. The diagnoses have included cervicobrachial syndrome; de Quervain's tenosynovitis; and sprains and strains of thoracic region. Treatment to date has included medications, physical therapy, and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Lyrica, Naproxen, and Cyclobenzaprine. A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. The injured worker reported constant upper back and arm pain, with associated numbness and tingling. Objective findings included trigger points palpated in the upper trapezius, mid-trapezius, levator scapulae, supraspinatus, deltoid, and teres major on the left, upper trapezius levator scapulae rhomboid region on the right and splenius capitis bilaterally; and restricted range of motion of the cervical spine and bilateral shoulders. Request is being made for a prescription for Functional Capacity Evaluation for baseline testing. On 02/01/2015, Utilization Review noncertified a prescription for Functional Capacity Evaluation (baseline) #1. The CA MTUS, ACOEM was cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for Functional Capacity Evaluation (baseline) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (baseline) #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.