

Case Number:	CM15-0044398		
Date Assigned:	03/17/2015	Date of Injury:	09/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained a work related injury on 9/17/14. He was using a jack hammer to break up asphalt and concrete. The jack hammer got jammed into the concrete and he tried to dislodge it using intense force. In the process of trying to pull the hammer, he experienced severe pain in his lower back and right wrist. The diagnoses have included clinical carpal tunnel syndrome, lumbar spine sprain/strain, lumbar disc protrusion, degenerative arthritis and myospasms. Treatments to date have included MRI lumbar spine dated 10/28/14, medications, physical therapy and acupuncture. In the PR-2 dated 1/19/15, the injured worker complains of constant right hand pain. He rates this pain a 6/10. He has pain that radiates to his right wrist and fingers. He describes the pain as numbness, tingling and dull pain. He has tenderness to palpation of right wrist joint. He has limited range of motion in right wrist due to pain. He also complains of constant low back pain. He rates this pain at worst an 8/10. He states the pain radiates to waist and right leg. Her states he has weakness. He has tenderness to palpation of lumbar musculature and bilateral sacroiliacs. He has limited range of motion in lumbar spine due to pain. He states that therapy and acupuncture have helped to decrease his pain. He states his pain is well controlled on medications. The treatment plan is to request authorization for chiropractic treatments, a TENS unit for therapy and a cold pack wrap thermal combo system. The functional capacity evaluation is not on this PR-2 as requested in the Independent Medical Review application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening and functional capacity evaluation Page(s): 125.

Decision rationale: MTUS discusses functional capacity evaluations (FCEs) in the context of work conditioning/work hardening. An FCE is recommended after a patient has plateaued in traditional physical therapy if there is concern about a patient's ability to perform a particularly type of work. In this case, the records do not clearly document a job description and concerns about the ability to perform a particular job. The records do not provide an alternate rationale to support clinical reasoning for this request. This request is not medically necessary.