

Case Number:	CM15-0045634		
Date Assigned:	03/18/2015	Date of Injury:	02/01/2011
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 41-year-old male, who sustained an industrial injury on 2/1/2011. The details of the initial injury were not submitted for this review. The diagnoses have included bilateral plantar fasciitis, degenerative disc disease without stenosis, bilateral epicondylitis, bilateral tendinitis, chronic cervical strain, central disc protrusion C5-6 without stenosis, chronic thoracic strain, disc protrusion T7-8, left cubital tunnel syndrome, cervical radiculopathy, and insomnia. Treatment to date has included medication therapy, activity modification, and physical therapy. Currently, the injured worker complains of intermittent neck pain associated with numbness in bilateral upper extremities and hands. The physical examination from 2/25/15 documented complaints of intermittent neck pain and numbness in both arms along the ulnar forearms and hands. Mild decreased range of motion (ROM) in cervical spine and tenderness over trapezius muscles. The plan of care included consultation for left cubital tunnel syndrome and psychologist/psychiatrist. On 2/9/2015, Utilization Review non-certified the requests for functional capacity evaluation and spinal posture orthosis purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21 and 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: Per the ACOEM guidelines cited, a functional capacity evaluation (FCE) can be used to better understand and document the injured worker's (IW) disabling medical condition, and may be necessary to translate medical impairment into functional limitations for determining work capability. However, determining limitations is not really a medical issue, but more an independent assessment of what the IW is currently able and unable to do. Under some circumstances, the FCE can provide guidance as to whether the worker has the ability to stay at work or return to work. According to the ODG, a FCE is recommended prior to admission into a Work Hardening (WH) Program, and is not recommend for routine use as part of occupational rehab, screening, or generic assessment, in which the question is whether the IW can do any job. FCEs can be considered when injuries require detailed exploration of the IWs abilities and they are close to maximal medical improvement. Based on the available treating physician's notes, he felt the IW is not a surgical candidate, and would benefit from a FCE. Since the IW is currently working with restrictions, based on the guidelines cited, the request for a functional capacity evaluation is medically necessary.

Spinal posture orthosis purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297-298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Aligned posture garments, Posture garments, IntelliSkin posture garments.

Decision rationale: The MTUS provides minimal guidance concerning posture garments, but does state that there is no evidence for effectiveness of lumbar supports and prevention of back pain in the industrial setting. The ODG is specific in not recommending posture garments as a treatment for back pain. Posture garments are supposed to conform to the back and shoulders as a second skin, which is intended to gradually reshape those areas for improved posture, athletic performance, and less back pain. However, there are no quality published studies to support those claims. Therefore, the request for spinal posture orthosis purchase is not medically necessary.