

Case Number:	CM15-0048545		
Date Assigned:	03/20/2015	Date of Injury:	05/29/2012
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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: Neurology, 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 53 year old male, who sustained an industrial injury on 5/29/12. The injured worker has complaints of pain in the cervical region, left shoulder and low back. He has tingling and numbness of the left hand more than the right only at night; he has weakness of the left grip. The diagnoses have included cervical degenerative disc disease; cervical radiculitis; shoulder impingement syndrome and SLAP tear (superior glenoid labrum). Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit; trigger point injections with no help; Magnetic Resonance Imaging (MRI) of the cervical spine was done on 12/20/12; cervical epidurogram on 2/8/13; physical therapy; acupuncture; home exercise program; cortisone injections and medications. The requested treatment is for a functional capacity evaluation.

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 ACOEM Guidelines, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain-general approach and assessment Page(s): 21.

Decision rationale: The claimant has undergone treatment and was recommended by the treating provider to return to work. MTUS supports FCE when necessary to translate medical impairment into functional limitations and determine work capability. The medical records reflect the treating provider requests FCE to facilitate returning the insured to functional vocational capacity. FCE is supported under MTUS is provide guidance on functional ability to return to work. The request is medically necessary.