

Case Number:	CM14-0119529		
Date Assigned:	09/16/2014	Date of Injury:	04/22/2013
Decision Date:	12/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with a date of injury of April 22, 2013. A utilization review determination dated July 21, 2014 identifies his subjective complaints of residual symptomology in the cervical spine, including headaches and migraines. The patient's cervical spine pain is frequent and is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain is characterized as dull and throbbing. There is radiation of pain into the upper extremities as well as associated headaches that are migrainous in nature and there is tension between the shoulder blades. The patient's neck pain is rated a 7 on a scale of 1 to 10. The patient's shoulder pain is present intermittently and is rated a 5. The patient's hand pain is present intermittently and is characterized as a 4. The patient low back pain is present frequently and is associated with pain into the lower extremities, the patient rates his pain a 5. The patient has constant throbbing pain in both knees and is rated a 6. The patient is currently working in a modified capacity and is recommended to continue working. The physical examination identifies tenderness at the cervical and dorsal paravertebral muscles, positive Spurling's maneuver, Hawkins and impingement signs are positive in the shoulders, there is pain with terminal flexion in the wrists, there is tenderness from mid to distal lumbar segments, seated nerve root test is positive, and patellar grind test and McMurray's test are positive of knees. The diagnoses include cervical discopathy with radiculitis, lumbar discopathy with radiculitis, right shoulder impingement syndrome with labral tear and partial rotator cuff tear, right and left medial meniscus tear with degenerative joint disease, electrodiagnostic evidence of bilateral carpal tunnel syndrome, left chronic C8 radiculopathy, and chronic L5 radiculopathy. The treatment plan recommends medications, and that the patient return to the AME for a comprehensive reevaluation for formal rating and final report.

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. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC)

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 functional capacity evaluations are recommended prior to admission to a work hardening program. 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 there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.