

Case Number:	CM14-0143074		
Date Assigned:	09/10/2014	Date of Injury:	03/20/2014
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 40-year-old female who reported an injury on 03/20/2014. She was walking down a flight of stairs, holding on to the rail with her right hand. She did not know the railing was freshly painted until she reached near the bottom of the stairs and felt the wet pain. She then let go of the rail and lost her balance, twisting her left ankle inward. The injured worker fell 1 or 2 steps, landing on her buttocks on the cement gravel step. She sustained injuries to her right ankle, right hand, and hips. The treatment history included x-rays of the neck, MRI of her left ankle, and medications. The injured worker's additional conservative treatment included 12 physical therapy sessions and cortisone injections in the left ankle. The injured worker was evaluated on 08/01/2014 and it was documented the injured worker complained of cervical spine pain that was constant moderate to severe pain that was described as aching. Hip pain that was occasional slight pain that was described as deep and throbbing.(.) Right wrist and hand pain that was described as intermittent severe to moderate pain that was described as burning and shooting and Left ankle and foot pain that was intermittent moderate to severe pain that was described as dull. Examination of the cervical spine revealed there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Cervical spine range of motion: flexion was 25/55 degrees, extension was 20/45 degrees, left bending was 30/40 degrees, right bending was 30/55 degrees, left rotation was 30/80 degrees, and right rotation was 20/80 degrees and were all painful. Cervical range of motion was measured by an external goniometer or digital protractor. Compression test was positive bilaterally. Distraction test was positive bilaterally. Shoulder decompression test was positive bilaterally. The right triceps reflex was decreased. Cervical myotomes were within normal limits bilaterally. There was +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Wrist range of motion: flexion was 40/85 degrees, extension was

20/80 degrees, radial deviation was 20/20 degrees, and ulnar deviation was 25/40 degrees and were all painful. The injured worker walked with a cane in her right hand. There was +3 spasm and tenderness to the left lateral malleolus. Ankle range of motion on the left: flexion was 30/20 degrees, extension was 20/50 degrees, inversion was 10/20 degrees, and eversion was 5/10 degrees all painful. Valgus test was positive on the left. Varus test was positive on the left. AP drawer test was negative. PA drawer test was negative. Diagnoses included cervicocranial syndrome, cervical disc herniation without myelopathy, carpal sprain/strain, ankle sprain/strain, and memory loss. Request for Authorization dated 08/01/2014 was for a Qualified Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

Decision rationale: The request for Qualified Functional Capacity Evaluation is not medically necessary. In the Official Disability Guidelines state that a Functional Capacity Evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability Guidelines, to consider a Functional Capacity Evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 08/01/2014 why the injured worker needs a Functional Capacity Evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a Qualified Functional Capacity Evaluation on the injured worker is not medically necessary.