

Case Number:	CM14-0173037		
Date Assigned:	10/23/2014	Date of Injury:	09/06/2013
Decision Date:	12/08/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

The underlying date of injury in this case is 09/06/2013. The date of the utilization review under appeal is 10/17/2014. On 09/25/2014, the patient's general practitioner submitted a PR-2 report. At that time the patient complained of dull stabbing cervical pain radiating to the elbows and fingers with numbness, weakness, and tingling. At that time an MRI brain report and psychological evaluation report were pending. The patient was diagnosed with cervical and lumbar strains. Very limited other clinical information is available in that report or in other treating physician reports. The patient underwent an orthopedic agreed medical examination on 09/29/2014. That examination concluded that the patient had a history of a head contusion, cervical strain, thoracolumbar sprain, and transient finding of spondylosis. That report noticed that the back had been accepted as an injury and the patient claimed injuries to the head, neck, back, and legs after an incident in which she slipped and fell down stairs. The treating physician recommended conservative therapy for up to 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient FCE: 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), Guidelines for Performing an FCE

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

Decision rationale: The Medical Treatment Utilization Schedule discusses functional capacity evaluation in the context of work hardening/work conditioning. This guideline suggests that a functional capacity evaluation may be indicated if there is a specific plan to return to a job of a medium or higher physical demand and if there is concern the patient had plateaued and could not return to that job after completion of traditional therapy. Current medical records are very limited. It is not clear that this patient has plateaued in therapy nor do the medical records discuss a specific proposed job for which the patient might return. Therefore, overall the medical records and guidelines do not document an indication for the requested functional capacity evaluation. This request is not medically necessary.