MAXIMUS Federal Services

Case Number:	CM14-0184526		
Date Assigned:	11/12/2014	Date of Injury:	07/30/2014
Decision Date:	12/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine 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 35 years old male patient who sustained a work related injury on 7/30/2014. He sustained the injury due to cumulative trauma. The current diagnoses include cervical and lumbar musculoligamentous strain/sprain with radiculitis rule out discogenic disease, thoracic musculoligamentous strain/sprain, left shoulder tendinosis, and bilateral shoulder, right wrist, bilateral knee and ankle strain/sprain. Per the physical therapy initial evaluation note dated 10/3/14, he had complaints of low back pain with radiation to the lower extremities with tingling and numbness, right wrist pain with tingling and numbness. Physical examination revealed decreased lumbar spine range of motion; right wrist- tenderness, decreased range of motion and decreased strength. Per the doctor's note dated 9/18/2014, patient had complaints of headaches, neck, back, bilateral shoulders/wrists/hands, and bilateral lower extremity pain and depression/anxiety. Physical examination revealed tenderness over the C4, C5, C6 and C7, tenderness and muscle spasms at the bilateral paracervical/trapezius muscles, decreased cervical range of motion and positive cervical compression, muscle spasms and palpable trigger points in the bilateralmid/lower thoracic region with decreased range of motion and positive straight leg raising; bilateral shoulder- tenderness anteriorly and at the bilateral biceps muscles and acromioclavicular joint, decreased range of motion with positive Neer impingement on the right, bilateral wristTenderness on the dorsal aspect, decreased bilateral anterolateral shoulder/arm sensation, bilateral knee tenderness anteriorly, medially and laterally as well as bilateral patellaand ankle tenderness anteriorly, decreased sensation at the bilateral anterolateral thigh/anterior knee/medial leg and foot. The medication list includes naproxen, cyclobenzaprine, fluriflex cream and transdermal TG cream. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided.

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 Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultation , Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter:7 Independent Medical Examinations and Consultations, Page-137-138 Official Disability Guidelines (ODG), Chapter: Fitness for Duty(updated 09/23/14) Functional capacity evaluation (FCE).

Decision rationale: Per the cited guidelines above "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance."Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of the functional capacity evaluation is not fully established for this patient at this juncture.