MAXIMUS Federal Services

Case Number:	CM14-0095901		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2013
Decision Date:	10/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 35-year-old male who reported an injury on 09/07/2013 due to striking his head against the ceiling door and then was struck with a 25 pound rack on the forehead. Diagnoses were post concussive syndrome, head trauma, closed head injury, mild what appears to be residual cognitive impairment as well as neurologic function. Past treatments were medications and physical therapy. Diagnostic studies were a CT scan of the head, MRI of the brain. The MRI was dated 01/17/2014 and it revealed no acute ischemia/infarct was identified. No intracranial hemorrhage or extra axial fluid collection was seen. There were no areas of abnormal parenchymal signal. There was extensive sinus disease seen. CT scan studies corroborated with the MRI studies. Surgical history was not reported. Physical examination on 04/11/2014 revealed complaints of tightness and pain that radiated up the head, and the injured worker complained of difficulty sleeping as well. Examination revealed limited range of motion. Muscles were very tight at the base of the skull. It was very tender at the occipital notch at the insertion of the muscles into the occiput. There were limitations in forward flexion, extension was about 50% abnormal, side bending and rotation 50% of normal. There were no signs to indicate radiculopathy in the upper extremities. The Spurling's finding was not evident, muscles along the trapezius were very guarded and tender to palpation. The injured worker was tender at the base and tender on the frontal lobe. His cognition seemed to be intact; however, delayed in response. The injured worker was having symptoms of mentation abnormalities and he was having impediments in the terms of his speech and stuttering as well. It was reported he was not like this before the accident. Treatment plan was to take medications as directed. The rationale and request for authorization were not submitted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional capacity evaluation (FCE), and on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, page 132-139

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

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The ACOEM Guidelines indicate there is functional assessment tool available and that is a Functional Capacity Evaluation; however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a worker's ability, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine the worker's effort or compliance of the worker has returned to work and an ergonomic assessment has not been arranged. There were no reports of unsuccessful attempts to return to work. The rationale for the functional capacity evaluation was not reported. Therefore, the request is not medically necessary.