

Case Number:	CM13-0066636		
Date Assigned:	01/03/2014	Date of Injury:	06/13/2013
Decision Date:	03/05/2015	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 member has a history of a repetitive motion work injury with a date of injury of 06/13/13 with low back and right leg and bilateral wrist and hand pain. On 07/15/13 she had pain rated at 6-7/10. Medications included Flexeril. There was a pending ergonomic evaluation. Flexeril was prescribed. She was continued at modified duty. On 12/16/13 she was referred for acupuncture and chiropractic care.

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 ACOEM Chapter 7 Independent Medical Examinations and Consultations (pages 132-139)

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) Chapter7, p63-64

Decision rationale: A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional treatments. She is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.