

Case Number:	CM14-0217672		
Date Assigned:	01/07/2015	Date of Injury:	05/17/2014
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, hip, upper extremity, and hand pain reportedly associated with an industrial injury of May 17, 2014. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. The applicant's attorney subsequently appealed. In a handwritten note dated November 20, 2014, it was suggested that the applicant was off of work, on total temporary disability. Medrol, Norco, Lodine, and a TENS unit were endorsed. The applicant reported multifocal complaints of neck, low back, and bilateral shoulder pain with ancillary complaints of headaches. The applicant had apparently received earlier unspecified amounts of physical therapy and manipulative therapy to date. In a separate narrative report dated November 20, 2014, the applicant again reported multifocal complaints of neck, shoulder, low back, and forearm pain. It was suggested on this occasion that the applicant was working with a rather proscriptive 5-pound lifting restriction in place. The attending provider stated that he would consider returning the applicant to total temporary disability if she is unable to tolerate job duties. In a December 15, 2014 appeal letter, the attending provider stated that he was appealing a denied functional capacity evaluation, twelve sessions of physical therapy, and twelve sessions of acupuncture as well as a neurology consultation.

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 (page 132-139), Official Disability Guidelines- Fitness for duty. Functional Capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, no clear rationale for the functional capacity evaluation was proposed. The applicant was not at or approaching maximum medical improvement (MMI) on or around the date of the request. It was not clearly stated why the FCE is needed as the preponderance of evidence on file suggested that the applicant was already working with restrictions in place, seemingly obviating the need for the proposed functional capacity evaluation. Therefore, the request was not medically necessary.