

Case Number:	CM14-0218279		
Date Assigned:	01/08/2015	Date of Injury:	03/05/2012
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

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:

This is a 48 year old female with a work related injury dated 03/05/2012 after being struck against a stationary time board, according to the Utilization Review report. According to a primary treating physician's report dated 12/01/2014, the injured worker presented with complaints of neck and left shoulder pain which radiates into her bilateral arms to her hands. Diagnoses included cervical strain and left shoulder contusion. Treatments have consisted of heat and medications and awaiting authorization of acupuncture treatment. Diagnostic testing included electromyography/nerve conduction studies dated 05/10/2012 showed acute C5 and C6 cervical radiculopathy, cervical spine MRI on 06/12/2012 showed chronic multilevel degenerative disc and facet disease throughout most of the cervical spine, and multilevel disc desiccation with 1-2mm annular bulge at the level of C3-4, C4-5, C5-6, and C6-7 with mild biforaminal stenosis per MRI on 05/13/2014. Work status is noted as modified work duty with no lifting/carrying over 5 pounds, no forceful pushing with the left arm, no overhead work, and no prolonged neck bending restrictions. On 12/15/2014, Utilization Review non-certified the request for 1 Functional Capacity Evaluation citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines. The Utilization Review physician stated there was insufficient documentation of a work hardening program and failed return to work attempts. Additionally, the guidelines do not support the use of a functional capacity evaluation to determine a worker's effort or ability to perform a general job. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

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 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - ACOEM Chapter 7

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. The note on 10/27/2014 associated with the FCE request does not detail the job duties that are most difficult or provide an overview of job requirements. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.