

Case Number:	CM15-0006066		
Date Assigned:	01/20/2015	Date of Injury:	06/03/2013
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 06/03/2013. The mechanism of injury was not submitted for review. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, multiple medications, a neurostimulator unit, and shockwave therapy. The injured worker's diagnoses included sprain of the neck, shoulder sprain, lumbar sprain, and ankle sprain. The injured worker was evaluated on 09/19/2014. It was documented that the injured worker had pain complaints rated at a 3/10 to 4/10. Physical findings included tenderness to palpation of the cervical and lumbar spinal process. The injured worker's treatment plan included a referral to an orthopedist and a Functional Capacity Evaluation. It was noted that the injured worker could return to work with modified duty. A Request for Authorization was submitted on 09/19/2014 to support the request.

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 American College of Occupational Medicine , 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139

MAXIMUS 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) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The requested Functional capacity evaluation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a Functional Capacity Evaluation when a more precise delineation of the injured worker's functional capabilities is needed beyond what can be provided in a normal physical examination. The clinical documentation submitted for review does not provide an extensive assessment of the injured worker. The Official Disability Guidelines recommend a Functional Capacity Evaluation for injured workers who have complicated diagnoses or have several failed attempts to return to work at full duty. The clinical documentation submitted for review does indicate that the injured worker is on modified work duty. However, there is no indication that the injured worker has failed to return to work at full duty. Therefore, a Functional Capacity Evaluation would not be supported in this clinical situation. As such, the requested Functional capacity evaluation is not medically necessary or appropriate.