

Case Number:	CM15-0101324		
Date Assigned:	06/03/2015	Date of Injury:	10/06/2010
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 10/06/2010. She reported injury to her neck. Treatment to date has included x-rays, computed tomography scan of the cervical spine, electrodiagnostic studies and medications. According to a progress report dated 03/18/2015, the injured worker was seen for examination of her cervical spine. She remained symptomatic since the last office visit. She complained of neck pain with weakness, numbness and tingling of the left arm as well as left shoulder pain that was exacerbated by overhead activities. There was mild tenderness about the cervical spine with mild spasm. There was marked tenderness about the anterior aspect of the shoulder without spasm. The treatment plan included a request for a Functional Capacity Evaluation to the cervical spine and left shoulder to assess level impairment, at which time it was hoped that she would have reached maximum medical improvement and could be made permanent and stationary. Also included in the treatment plan was an interferential unit, urine toxicology screen, consultation to discuss surgical intervention and Gabapentin. She was to remain off work until 05/15/2015. Currently under review is the request for functional capacity evaluation for the neck and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation for the Neck and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter 7, pg 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE: 1. Case management is hampered by complex issues such as: A. Prior unsuccessful RTW attempts. B. Conflicting medical reporting on precaution and/or fitness for modified jobs. C. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. A. Close or at MMI/all key medical reports secured. B. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not certified.