

Case Number:	CM15-0018798		
Date Assigned:	02/06/2015	Date of Injury:	07/01/2013
Decision Date:	03/24/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California

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:

This 35-year-old male reported a work-related injury on 07/01/2013. According to the visit note dated 3/4/15, the injured worker (IW) reports mild pain in the upper thoracic region. Diagnoses include muscle spasms, sprain/strain of thoracic region and cervicalgia. Previous treatments include medications, chiropractic treatment, acupuncture and physical therapy. The treating provider requests vocational capacity evaluation. The IW is unemployed and looking for work. The Utilization Review on 01/28/2015 non-certified the request for vocational capacity evaluation, citing CA MTUS and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vocational Capacity Evaluation QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Fitness for Duty, Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. A progress note on 1/20/15 indicated the claimant had a normal neurological exam, a normal gait and only thoracic tenderness. There is no indication of what a vocational evaluation would provide that can;t be provided during the physicians' examination. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.