

Case Number:	CM15-0112489		
Date Assigned:	07/21/2015	Date of Injury:	06/22/2010
Decision Date:	08/17/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

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:

The injured worker is a 64-year-old female patient who sustained an industrial injury on 06/22/2010. The accident was described as while working as a realtor agent showing a home standing between the house and the garage. She did not know that this door was not firmly closed and it opened causing her to fall backwards into and onto the floor of which was lower than the ground she stepped from and she subsequently resulted with multiple injuries. Of note, the patient was deemed permanent and stationary at the end of completing a functional restoration program on 11/04/2011. A recent progress note dated 05/07/2015 reported the patient continuing with Norco 10/325mg, and Nabumetone. She has subjective complaint of experiencing a daily headache along with continued back, leg, neck and arm pains. She is working a modified work duty. There was recommendation for her to undergo a functional capacity evaluation, obtain a brain magnetic resonance imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation: Overturned

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: Functional capacity evaluation (FCE) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant sustained a work-related injury in June 2010 and completed a functional restoration program in November 2011. She is being treated for neck, back, arm, and leg pain. She is working part time with restrictions. When seen, she had increased symptoms. There was decreased cervical spine range of motion with pain. A functional capacity evaluation and additional testing were requested. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned and the claimant has not returned to unrestricted work. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity and need for any ongoing restrictions or limitations is medically necessary.