

Case Number:	CM15-0117570		
Date Assigned:	06/25/2015	Date of Injury:	10/01/2013
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 36 year old female, who sustained an industrial injury on 10/01/2013. On provider visit dated 04/22/2015 the injured worker has reported headaches, neck pain, mid/upper back and bilateral shoulder pain. On examination tenderness palpation of cervical spine was noted over the paraspinal muscles and a restricted range of motion with a positive compression test. Thoracic spine was noted to have tenderness to palpation over the paraspinal muscles and a restricted range of motion as well. Bilateral shoulder revealed tenderness to palpation and a restricted range of motion. The diagnoses have included headaches, cervical spine musculo-ligamentous strain/sprain with radiculitis-rule out cervical spine discogenic disease, thoracic pain musculoligamentous strain/sprain, bilateral shoulder strain/sprain, sleep disturbance secondary to pain and depression-situational. The injured worker was noted be temporary totally disabled. The provider requested functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional capacity evaluation: 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: Functional Capacity evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: The patient continues to treat for ongoing significant symptoms with further plan for treatment, remaining functionally unchanged without significant improvement from this chronic injury. Diagnoses are unchanged and it appears the patient has not reached maximal medical improvement and continues to exhibit chronic pain symptoms s/p conservative care of therapy, medications, and TTD. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for functional capacity evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCE's ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. Therefore, the request for functional capacity evaluation is not medically necessary and appropriate.