

Case Number:	CM15-0125488		
Date Assigned:	07/10/2015	Date of Injury:	04/12/2015
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 22-year-old male patient who sustained an industrial injury on 04/12/2015. The accident was described as while sleeping in the back of the semi-truck and the driver of the truck noted attempting to avoid an oncoming vehicle and unfortunately the truck over turned and the patient with resulting injury. Of note, the patient was sleeping unrestrained within the semi-truck. A recent primary treating office visit dated 07/14/2015 reported subjective complaints of cervical, lumbar spine pain radiating to shoulder, and left hip. The right shoulder is painful and with popping and clicking. She will be starting chiropractic session later that same day. There is pending authorization for both a neurological and psychiatric consultations. The following diagnoses were applied: cervical spine strain/sprain; right shoulder strain/sprain L-5; lumbar spine strain/sprain with left lower extremity radiculitis; left hip strain/sprain; status post laceration left RF with residual parasthesias; possible head injury with headache, dizziness, and balance complaints. There are contributing factors to involve: stress, anxiety, depression, sleep disturbance and GERD. The plan of care noted chiropractic session treating cervical/lumbar spine and right shoulder.

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 and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations (pp 132-139).

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

Decision rationale: The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed. It appears the patient has not reached maximal medical improvement and continues to treat with plans for chiropractic sessions for the pain symptoms. 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. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.