

Case Number:	CM15-0180000		
Date Assigned:	09/21/2015	Date of Injury:	07/04/2015
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational Medicine

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 45 year old male, who sustained an industrial injury on 7-4-15. The injured worker was diagnosed as having headaches, cervical sprain, thoracic sprain, lumbar sprain, bilateral shoulder sprain, bilateral knee sprain, bilateral ankle sprain and anxiety. Treatment to date has included a lumbar spine brace, Ibuprofen, Cyclobenzaprine, Tramadol, Hydrocodone, Tylenol #3 and Diazepam. As of the PR2 dated 7-28-15, the injured worker reports pain in his neck, bilateral shoulders, upper, mid and lower back, bilateral lower extremities and headaches. Objective findings include decreased cervical spine, bilateral knees and bilateral shoulder range of motion and tenderness and spasms in the lumbar spine. The treating physician requested functional improvement measurements. The Utilization Review dated 8-19-15, non-certified the request for functional improvement measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional improvement measurements: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and consultations page 132-139 and Official Disability Guidelines, Fitness for duty chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines for Performing an FCE Section.

Decision rationale: The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria are met for the injured worker to justify a functional capacity evaluation. The injured worker was only recently injured in July, 2015. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for functional improvement measurements is not medically necessary.