

Case Number:	CM15-0022301		
Date Assigned:	02/11/2015	Date of Injury:	10/02/2014
Decision Date:	04/09/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52-year-old female, who sustained an industrial injury on 10/02/2014. She has reported pain in the neck, bilateral shoulders, bilateral knees; left thumb, and back. The diagnoses have included cervical, thoracic, and lumbosacral strain; right shoulder derangement; left thumb pain; and bilateral knee pain. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Tramadol, Vicodin, and Omeprazole. Currently, the IW complains of bilateral knee pain on and off, right greater than left; left thumb pain increased; thoracic spine pain on and off, rated at 8/10 on the visual analog scale; and constant bilateral shoulder pain, right more than left, rated at 9/10 on the visual analog scale. A progress note from the treating physician, dated 12/29/2014, reports objective findings to include decreased range of motion in the cervical spine and the bilateral shoulders. The treatment plan has included refill of medications; continue home exercise program; request for chiropractic therapy; and request for Functional Capacity Evaluation. On 01/14/2015 Utilization Review non-certified a prescription for Functional Capacity Evaluation - Spine (Lumbar/Cervical/Thoracic). The MTUS, ACOEM, and the ODG were cited. On 02/03/2015, the injured worker submitted an application for IMR for review of Functional Capacity Evaluation - Spine (Lumbar/Cervical/Thoracic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation - Spine (Lumbar/Cervical/Thoracic): 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 (p132-139).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty, functional capacity evaluation, updated September 23, 2014.

Decision rationale: The official disability guidelines indicate that the criteria for performing a functional capacity evaluation includes prior unsuccessful return to work attempts or if the injured employees close to our maximum medical improvement. It is unclear from the attached medical record if the injured employees currently working or not although the progress note dated December 15, 2014 does state that the patient works for children's home of Southern California. This is not specified as past or current employment. Furthermore recent notes indicate plans for additional physical therapy and a potential for future surgery. Considering the lack of information regarding the injured employees returned to work attempts and that she is not at or near maximum medical improvement, this request for a functional capacity evaluation is not medically necessary at this time.