

<b>Case Number:</b>	CM15-0064847		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 45 year old male, who sustained an industrial injury on 06/30/2014. The initial complaints or symptoms included chest/rib pain after falling 25 feet from a ladder. The injured worker was diagnosed as having left multiple rib fractures and pneumothorax. Treatment to date has included conservative care, medications, and chiropractic therapy. Currently, the injured worker complains of flare-up of rib cage pain per the therapy notes. The progress report dated 12/17/2014, had indicated that the injured worker's pain had decreased from 9/10 to 3-4/10 with improvement in sleep. The diagnoses include myalgia/myofascitis (cervical, lumbar or thoracic), rib fracture, and pneumothorax. The treatment plan consisted of additional chiropractic therapy. The progress report and request for authorization pertaining to the requested functional capacity evaluation was not submitted in the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 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, Fitness for Duty.

**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, p63-64.

**Decision rationale:** The claimant is nearly one-year status post work-related injury and continues to be treated for rib pain after sustaining fractures as the results of a fall. Treatments have included chiropractic care. When seen, authorization for additional chiropractic treatments and for a functional capacity evaluation was requested. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional chiropractic treatments. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.