

Case Number:	CM15-0067096		
Date Assigned:	04/14/2015	Date of Injury:	04/21/2014
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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 44-year-old male, who sustained an industrial injury on 04/21/2014. The initial complaints or symptoms included neck pain radiating into the left upper extremity while working as a fire fighter. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, conservative therapies, and epidural steroid injections. Currently, the injured worker complains of continued cervical pain without continued radiation. The injured worker reports continued struggles with activities of daily living, increased symptoms with physical therapy, and a continued 50% decreased in functionality. The diagnoses include left C6 verses C7 radiculopathy, cervicalgia, and cervical spondylosis without myelopathy. The treatment plan consisted of one functional capacity evaluation.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

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 12, p50.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated radiating neck pain. He participated in a functional restoration program and as of 02/20/15 had completed two weeks of treatment. He had participated as much as possible and the program and had improved standing and walking tolerances. He was having difficulty with repetitive motion activities and six physical therapy treatment sessions was requested in order for him to continue to work without difficulty. A Functional Capacity Evaluation is an option for a patient with chronic stable low back pain when a physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, the claimant is working without difficulty. Additionally, more physical therapy has been requested which indicated that he is not considered at maximum medical improvement. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore not medically necessary.