

Case Number:	CM15-0071946		
Date Assigned:	04/22/2015	Date of Injury:	09/18/2012
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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: Connecticut, California, Virginia
 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 59 year old male, who sustained an industrial injury on 09/18/2012. The initial complaints or symptoms included cumulative trauma injuries to the neck, shoulders, arms, and back, as well as psychological concerns, stress, sleep disorder, and internal (diabetes and high blood pressure) problems. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, bilateral shoulder surgeries, conservative therapies, functional capacity evaluation and electrodiagnostic testing. During the most recent exams, the injured worker complained of cervical pain with radiculitis, bilateral shoulder pain, bilateral wrist pain and lumbosacral pain with sciatica. The diagnoses include cervical radiculitis, status post right shoulder surgery, status post left shoulder surgery, bilateral wrist/hand sprains, lumbosacral sciatic syndrome, right upper extremity overuse syndrome, left upper extremity overuse syndrome, right carpal tunnel syndrome, and left carpal tunnel syndrome. The treatment plan consisted of follow-up as needed functional capacity evaluation, permanent and stationary PW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up as needed Functional Capacity Evaluation, Permanent and stationary PW:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: In this case, the patient has already been evaluated by an Agreed Medical Examiner (AME), making a permanent and stationary evaluation difficult to justify. The patient's job description (specifically the physical demands of the job) are not supplied in the provided documents. In this case the request for as-needed functional capacity evaluation and permanent and stationary evaluation is likely unnecessary based on the provided documents. Per the ACOEM guidelines, physician follow up is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. In this case, because there is no substantial documented evidence of change in function over time, and in light of the provided documents and guidelines, there is little evidence to support that the patient's condition is expected to improve, and therefore the request is not considered medically necessary at this time.