

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/15/2013
Date of Injury:	4/1/2010
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004892

- 1) MAXIMUS Federal Services, Inc. has determined the request for functional capacity evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for functional capacity evaluation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This claimant is a 58-year-old female with complaints of pain. On 05/07/2013, a Primary Treating Physician's Re-Evaluation and Progress Report for this claimant indicated she had persistent pain in the neck that radiated to the upper extremities with numbness and tingling and headaches that migrainous in nature and she reported compliance with medications for a complaint in the past, but complained of an upset stomach with the use of Naprosyn. This claimant had tenderness to the cervical spine and axial loading compression test and Spurling's test were negative. There was dysesthesia at the right C6-7 dermatomes. Examination of the right shoulder revealed tenderness at the right shoulder anteriorly with a positive Hawkins and impingement sign. Low back exam revealed pain with terminal motion and dysesthesias in an L5 and S1 distribution. On 06/06/2013, this claimant submitted to a Qualified Medical Examination. This exam revealed two-point discrimination less than 5 mm in the bilateral upper extremities and biceps, triceps, and brachial radialis reflexes were 2+ in the upper extremity. Lower extremity strength was considered 5/5 and there was negative Phalen's and Tinel's tests bilaterally. There was no atrophy noted. Finkelstein's test was negative, Phalen's test was negative, and Tinel's test was negative to the upper extremities. On 06/06/2013, a request for Functional Capacity Evaluation was non-certified. On 07/16/2013, this claimant was seen back for pain medicine re-evaluation. She reported neck pain with tingling and complaints of right shoulder pain. She also reported frontal headaches to the right side. Motor exam revealed decreased motor strength to the right upper extremity and decreased sensation to the right upper extremity.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for functional capacity evaluation :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, which is part of the MTUS. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, functional improvement, page 48, which is part of the MTUS and the Official Disability Guidelines (ODG), Fitness for Duty Chapter, which is not part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM guidelines note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. The Official Disability Guidelines indicate FCE is an objective resource for disability managers and is a invaluable tool in the return to work process. The FCE is considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The medical records submitted for review do not document return to work attempts or unsuccessful return to work attempts. There records do not document conflicting medical reporting precautions and/or fitness for modified job duties or that the employee is in the process of returning to work. **The request for functional capacity evaluation is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.