

Case Number:	CM13-0010917		
Date Assigned:	11/08/2013	Date of Injury:	05/03/2012
Decision Date:	04/07/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/14/2013

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 08/02/2006 due to an unspecified mechanism of injury. The most recent note provided was dated 06/27/2013. The note stated that the injured worker had presented for a follow-up evaluation regarding his work related injury. He noted improvement in his neck and lower back, as well in his left shoulder with physical therapy and acupuncture. He reported that he had increased range of motion, reduced pain, and increased functioning. On examination, he had reduced spasm, tenderness, and guarding in the paravertebral musculature of the lumbar and cervical spine with increased range of motion as compared to previously. He was also able to abduct the shoulder to approximately 110 degrees. It was noted that he was continuing to decline his oral medications. The treatment plan was for a functional capacity evaluation to provide him with appropriate restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, FCE.

Decision rationale: ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. It is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. The documentation provided does not indicate that the injured worker has any of the indications that would support the request for a functional capacity evaluation. The guidelines do not support the use of functional capacity evaluations to determine the injured worker's capabilities to perform work functioning. The guidelines also do not support the use of functional capacity evaluations with the sole purposes to determine a workers effort or compliance. Therefore, the request is not supported. As such, the request is not medically necessary.