

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	2/6/2012
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004932

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 **1 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 Preventive Medicine and Occupational Medicine, 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:

The applicant, Mr. [REDACTED], is a [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of February 6, 2012.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; intermittent urine drug screen; and unspecified prior ankle surgery.

The claimant is a former forklift driver who received a 10% whole-person impairment rating through a Qualified Medical Examiner (QME) of January 23, 2013.

Specifically reviewed is a utilization review report of July 18, 2013, in which a Functional Capacity Evaluation (FCE) is non-certified.

An earlier note of July 1, 2013 suggested that the applicant remains off of work, on total temporary disability. A TENS unit and FCE are ordered. The claimant has a surgical scar evident with decrease in painful ankle range of motion noted.

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 Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 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, 2nd Edition, 2004, Chapter 7, and the Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the ACOEM Guidelines 2nd Ed., Independent Medical Examinations and Consultations, Chapter 7, pgs. 137-138.

Rationale for the Decision:

The MTUS does not specifically address the topic of functional capacity evaluation (FCE) testing. As noted on pgs. 137-138, ACOEM guidelines on functional capacity evaluations, FCEs are not necessary an accurate representation of characterization of what an employee can or cannot do in the workplace. In this case, it is noted that the employee remains off of work and on total temporary disability. It is not clearly stated whether the employee has a job to return to. It is not clearly stated why a detailed exploration of the employee's ability is indicated here. There is no evidence of prior unsuccessful return to work attempts. **The request for 1 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

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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.