

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	4/19/2013
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006381

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one functional capacity evaluation is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. 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 **one functional capacity evaluation is 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 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 mechanism of injury was stated to be the patient was retrieving a box containing a custom wheel from the warehouse. The box broke causing the patient to strike himself in the face with his fist. The patient's left foot which was on the pallet, which the wheel was located on and it shifted causing the pallet to fall approximately 15 feet to the floor. The patient lost his balance and began to fall. The patient was noted to be able to grab a shelf. The patient has been noted to undergo 12 sessions of physiotherapy and surgery to the shoulder. The examination of 05/21/2013 revealed the patient had complaints of depression and difficulty sleeping. Objectively, it was noted the patient demonstrates limited range of motion of the lumbar spine. The patient was noted to have a positive Kemp's test bilaterally and a positive Valsalva's test. The discussion and treatment were stated to be the patient should undergo a Functional Capacity Evaluation to evaluate his current clinical orthopedic status and that the patient will be considered permanent and stationary after the Functional Capacity Evaluation is performed.

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 one functional capacity evaluation:

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

The Claims Administrator based its decision on the Official Disability Guidelines, Low Back Chapter, which is not part of MTUS. The Expert Reviewer based his/her decision on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management, page 89-92, which is part of MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines recommend Functional Capacity Evaluations to document the individual's current state of functional ability. The clinical documentation submitted for review indicated that the employee is on temporarily totally disabled status and will be considered permanent and stationary once the Functional Capacity Evaluation has been performed. Clinical documentation supports the request as it was noted to be to establish the employee's clinical orthopedic status. **The request for one functional capacity evaluation is 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

/sm

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.