

Case Number:	CM13-0003589		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2012
Decision Date:	02/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male with 3 separate injuries. A cumulative trauma injury from 04/10/2000 to 12/28/2011, a specific injury of 12/11/2009, and a specific injury of 09/14/2012. The patient is currently under the care of [REDACTED] whose last note of 07/23/2013 sites the patient's diagnoses as, 1. Cervical strain and sprain, 2. Lumbar spine strain and sprain, 3. Sprain/strain bilateral wrists with moderate to severe carpal tunnel syndrome, 4. Sprain/strain bilateral elbows with moderate severity cubital tunnel syndrome, 5. Sprain/strain of the left knee. The disputed service is a retrospective authorization for a Functional Capacity Evaluation. In [REDACTED] note of 07/23/2013, the patient states that he is not working. He states that he is retiring from his job on 07/28/2013 and moving to [REDACTED] to start a new job. There is no documentation and medical file that the patient failed repeated attempts to return to work prior to July 23, 2013. It appears by the medical record that the patient has been collecting temporary total disability for many months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluations.

Decision rationale: According to the ODG, Functional Capacity Evaluations, It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. Record lacks documentation for any of the below. In fact, the patient is retiring from his present job where he sustained his injuries and moving to [REDACTED] to begin a new job which is unspecified. The request for a functional capacity evaluation is not medically necessary and appropriate in this case.