

Case Number:	CM13-0015667		
Date Assigned:	12/11/2013	Date of Injury:	07/02/2011
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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 represented [REDACTED] employee, who has filed a claim for chronic low back pain, shoulder pain, and myofascial pain syndrome reportedly associated with an industrial injury of July 2, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; normal electro-diagnostic testing of the lower extremities of July 26, 2012; and work restrictions. It is not clearly stated whether the patient's limitations have been accommodated by the employer or not. In a utilization review report of August 14, 2013, the claims administrator denied a request for a Functional Capacity Evaluation. The patient's attorney later appealed. An earlier clinical progress note of July 25, 2013 is notable for comments that the patient reports 3/10 low back pain, normal reflexes, normal gait and diminished range of motion is noted. The patient is asked to continue home exercise, TENS unit and return to work with a 35-pound lifting limitation. It is unclear whether the patient has returned to work. It is stated that the patient has reached maximal medical improvement.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Independent Medical Examination and Consultations Chapter, page 137-138.

Decision rationale: While the MTUS does not address all indications for an FCE, Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that FCEs can be employed as a precursor to undergoing a work hardening/work conditioning program. In this case, however, there is no specific mention that the applicant intends to enroll in a work hardening or work conditioning program. It is further noted that it is not clearly stated whether the applicant has in fact returned to work or not. If the applicant has no intention of returning to work and/or does not have a job to return to, and FCEs, by definition, superfluous, as suggested in Chapter 7 ACOEM Guidelines, which note that FCEs are widely used, overly promoted and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. For all of these reasons, then, request is not certified, on independent medical review.