

Case Number:	CM13-0015865		
Date Assigned:	10/11/2013	Date of Injury:	05/01/2009
Decision Date:	01/17/2014	UR Denial Date:	08/08/2013
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 Physical Medicine & 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 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:

This patient is a 44-year-old male who reported an injury on 05/01/2009. The notes indicate the patient was injured when missing the last step on a ladder. The most recent clinical evaluation submitted of the patient appears to have been completed on 12/13/2012 which indicates the patient to have a pain level of 4/10 to 5/10 and notes indicating the patient had pain located to the left leg, bilateral buttocks, bilateral hips, and bilateral low back. The notes indicate on physical examination, the patient presented in no apparent distress with normal range of motion noted of the neck and no deformity or scoliosis noted with a slightly slouched posture and steady gait. The notes indicate the patient was currently waiting for scheduling for a discogram as requested by his QME on 02/11/2012.

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 Chronic Pain Treatment Guidelines Page(s): s 125-126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, page(s) 77-89.

Decision rationale: CA MTUS states that determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. However, it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. There is lack of documentation submitted for review to detail a clear clinical rationale for the necessity of performing a Functional Capacity Evaluation of the patient. The most recent clinical evaluation of the patient submitted for review is dated 12/13/2013 and there is no indication in the notes of functional deficits other than a complaint of pain verbalized as 4/10 to 5/10 to the bilateral low back, buttocks, hips, and left leg. No objective clinical evaluation of the patient was provided to support the recommendation for a Functional Capacity Evaluation. Given the above and based on the lack of documentation submitted, the request for a Functional Capacity Evaluation exam is not medically necessary and appropriate.