

<b>Case Number:</b>	CM13-0017193		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/04/2009
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 33-year-old with a date of injury of 04/04/09. The mechanism of injury was a fall of six feet from a ladder onto his back. The most recent progress report included by [REDACTED], dated 09/25/13, identifies subjective complaints of thoracic and low back pain and intermittent radicular symptoms. Objective findings included decreased range-of-motion, spinous process tenderness, and paraspinal muscle tenderness. Diagnostic studies to include MRI are not available. Diagnoses indicate that the patient has "thoracic sprain and lumbar sprain". Treatment includes oral medications. Other modalities are not mentioned. A Utilization Review determination was rendered on 08/22/13 recommending non-certification of "1 consultation for functional capacity evaluation".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 1 consultation for functional capacity evaluation:** Overturned

**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 Chapter, Online Version, Guidelines for performing Functional Capacity Evaluation.

**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 Evaluation.

**Decision rationale:** The record indicates that the patient has "... tried to work off light duty jobs in construction with mixed results". Though "Permanent and Stationary", he is cleared to lift under 20 pounds and push and pull less than 40 pounds. His treating physician's plan is "Careful work activity with proper techniques." The MTUS Guidelines do not address functional capacity evaluations. The Official Disability Guidelines state that a Functional Capacity Evaluation (FCE) should be considered if a patient has undergone prior unsuccessful return to work attempts. This was noted in the case synopsis. They do note that an FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. They also note that the patient should be close to maximum medical improvement. Since the injury three years prior, there is no indication that he will have further medical improvement.