

Case Number:	CM13-0017203		
Date Assigned:	10/11/2013	Date of Injury:	05/20/2011
Decision Date:	01/14/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	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 in physical medicine and rehabilitation, has a subspecialty in sports medicine and is licensed to practice in New York and Texas. 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.

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 30-year-old male who sustained an occupational injury on 05/20/2011. The patient was harnessed on top of a scaffold when the wind picked up and caught him off guard causing him to lose his balance and fall off scaffolding. The patient has had physical therapy, 3 epidural steroid injections, activity modifications, and is taking tramadol 50 mg twice daily. The patient's most recent office visit dated 07/30/2013 revealed subjective complaints of low back pain with weakness to the left leg. Objective documentation revealed straight leg raise was positive on the left side in a sitting position at approximately 90 degrees and caused low back pain and hamstring tightness; deep tendon reflexes were 1+ and symmetrical at the patellar and Achilles tendon bilaterally; plantar response was downgoing bilaterally.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132 - 139..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty and Functional Capacity Evaluation Sections.

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines indicate that a functional capacity evaluation should be performed when case management is hampered by complex issues such as prior unsuccessful return to work attempts and when timing is appropriate (ie. close or at MMI/all key medical reports secured). According to the documentation submitted on 07/30/2013, the patient presents with a chief complaint of low back pain. Objective documentation revealed positive straight leg raise on the left which caused low back pain and hamstring tightness with 5/5 muscle strength testing in all muscle groups across the lower extremities. Deep tendon reflexes were 1+ and symmetrical at the patellar and Achilles tendons bilaterally. The patient's treatment plan indicates since the patient has previously received good relief from physical therapy the physician is recommending another course of physical therapy for stretching, strengthening, conditioning stabilization, and modalities twice a week for 4 weeks. In addition, he requested the patient go under a Functional Capacity Evaluation after this physical therapy session to document his physical demand levels and ability to return to work. Given that the documentation clearly indicates that this patient has not yet tried/failed a return to work attempt the guidelines for use are not met. The request for a functional capacity evaluation is not medically necessary or appropriate.