

Case Number:	CM13-0020029		
Date Assigned:	10/11/2013	Date of Injury:	07/17/2012
Decision Date:	01/15/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiology and Pain 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:

The patient is a 40 year old female who reported injury on 07/17/2012. The mechanism of injury was not provided. The patient had pain of the cervical spine, lumbar spine and right knee that was aggravated by walking or standing for long periods of time. The patient's diagnosis were noted to include lumbar and cervical sprain/strain, and bursitis of the knee. The request was made for a functional capacity evaluation.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Online Version.

Decision rationale: California MTUS guidelines address functional capacity evaluations (FCE), however, do not address guidelines for performing an FCE. Official Disability Guidelines recommends to consider an FCE if a patient has had prior unsuccessful return to work attempts,

if there are conflicting medical reporting on precautions and/or fitness for modified job and indicate that the timing is appropriate if the patient is close to MMI and all secondary conditions clarified. An FCE is not to be performed if the sole purpose is to determine a worker's effort or compliance and if the worker has returned to work and an ergonomic assessment has not been arranged. Clinical documentation submitted for review indicated that the request was to document the patient's limitations to activities of daily living, and other functional impairments so that specific areas of impairment could be addressed and evaluated. However, per Official Disability Guidelines, the timing is appropriate if the patient has had prior unsuccessful returns to work and if there are conflicting medical reports. Clinical documentation submitted for review failed to indicate the patient had unsuccessful return to work attempts or that there were conflicting medical reports. Given the above, the request for a functional capacity evaluation is not medically necessary.