

Case Number:	CM13-0022865		
Date Assigned:	12/18/2013	Date of Injury:	10/13/2011
Decision Date:	04/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old female who was injured on October 13, 2011. The patient continued to experience pain in the low back, tailbone, right shoulder, and right thigh. A physical examination showed bilateral sacroiliac joint tenderness. The diagnoses included right rotator cuff injury, lumbago, sacroiliitis, and lumbar sprain. The treatment included injections, radiofrequency ablation, and medications. The request for functional capacity evaluation was submitted received on August 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment Integrated Treatment/Disability Duration Guidelines Fitness for Duty Procedure Summary, page 7.

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 Evaluations.

Decision rationale: The Official Disability Guidelines indicate that both job-specific and comprehensive functional capacity evaluations (FCEs) can be valuable tools in clinical decision-making for the injured worker; however, an FCE is an extremely complex and multifaceted process. Little is known about the reliability and validity of these tests and more research is needed. The guidelines also indicate that a FCE should be considered if: 1. Case management is hampered by complex issues such as: Prior unsuccessful return to work (RTW) attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at maximum medical improvement (MMI)/all key medical reports are secured; Additional/secondary conditions have been clarified. The guidelines state, "Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance; the worker has returned to work and an ergonomic assessment has not been arranged." None of the above conditions applies here. In this case the patient had not been unsuccessful in attempting to return to work. There were no injuries that required detailed exploration of the worker's abilities. The patient was awaiting a psychological evaluation. Maximal medical improvement had not been declared. Medical necessity for FCE has not been established.