

Case Number:	CM13-0026135		
Date Assigned:	07/11/2014	Date of Injury:	07/15/2013
Decision Date:	08/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] refuse worker who has filed a claim for low back pain reportedly associated with an industrial injury of July 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated September 13, 2013, the claims administrator denied a request for Functional Capacity Evaluation, citing non-MTUS ODG Guidelines outright. The applicant's attorney subsequently appealed. In a September 16, 2013 appeal letter, the attending provider stated that the applicant wished to pursue work conditioning. The treating provider, chiropractor, stated that a quantitative Functional Capacity Evaluation was being endorsed prior to applicant's pursuing work conditioning. On August 30, 2013, the applicant's primary treating provider, a chiropractor, stated that the applicant had become deconditioned as a result of six weeks off of work. Work conditioning and a precursor FCE were therefore endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 9/3/2013, quantitative 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 (ODG), 2012, Fitness for duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Chapter 7, pgs. 137-138.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a Functional Capacity Evaluation when necessary to transit medical impairment into a functional limitations and to determine work capability, in this case, however, the request was apparently initiated some six weeks after the date of injury. It was not clearly stated why former quantification of the applicant's abilities and work ability was needed or indicated here. It was not clearly stated why the applicant had not attempted to return to work on a trial basis. The treating provider did not clearly state why the applicant could not attempt to continue his rehabilitation through the course of return to work trial as opposed to the functional capacity testing seemingly being sought here, particularly in light of the fact that Chapter 7 ACOEM Guidelines note that FCEs are not necessarily an accurate representation of what a claimant can or cannot do in the workplace. For all the stated reasons, then, the request was not medically necessary.