

Case Number:	CM13-0028337		
Date Assigned:	11/27/2013	Date of Injury:	09/29/2010
Decision Date:	01/16/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 is a male patient who reported a work related injury on 09/29/2010. Clinical notes documenting a physical examination, diagnoses, or past medical and social history were not provided for review. A request for Independent Medical Review was submitted on 09/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation RFA 8-20-13 QTY. 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Second Edition, 2004, Pages 107-188 and the Official Disability Guidelines (ODG)-TWC Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter

Decision rationale: California MTUS/ACOEM Practice Guidelines state, while return to modified or temporary duty work is an important first step in the functional improvement of workers with health conditions, it must be managed carefully. Official Disability Guidelines state if a worker is actively participating in determining the suitability of a particular job, a functional

capacity evaluation is more likely to be successful. A functional capacity evaluation should be considered if case management is hampered by complex issues, there are prior unsuccessful return to work attempts, there is conflicting medical report of precautions and/or fitness for modified job, or there are injuries that require details exploration of a worker's abilities. There is no clinical documentation submitted for this review. Therefore, there is no evidence of a physical examination indicating injuries that require detailed exploration of the worker's abilities. There is also no evidence of a prior unsuccessful return to work attempt. Medical necessity for the requested service has not been established. As such, the request is non-certified.