

Case Number:	CM13-0035061		
Date Assigned:	12/13/2013	Date of Injury:	01/25/2012
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 52 year old female the date of injury at January 25, 2012. They solicit knee-high by a patient at a mental health facility and suffered retinal detachment. The patient has had laser retinopexy and has been treated with medications, physical therapy for his neck and low back. The patient has not made attempts at return to work. There is no job description outlined in the RFA. There is no indication the patient is MMI or nearing MMI. The patient continues to have 4/10 neck pain radiating to the left upper extremity, low back pain rated at 3/10. He is pending MRI of the spine to rule out herniated nucleus pulposus.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 20-22.

Decision rationale: The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a

modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation fails to indicate if the employee has had prior unsuccessful return to work attempts that the employee requires a modification for return to work or that the employee has injuries that require detailed exploration of the employee's abilities. There is no clear indication as to how undergoing a FCE would be of any significant benefit to the employee's course of treatment. The guideline criteria have not been met. The request for an outpatient functional capacity evaluation (FCE) is not medically necessary and appropriate.