MAXIMUS Federal Services

Case Number:	CM13-0036666		
Date Assigned:	12/13/2013	Date of Injury:	01/21/2010
Decision Date:	04/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 31-year-old male diagnosed with lumbar sprain/strain, improved. Date of injury was 01/21/2010. The patient was seen on 08/15/2013 with noted continued improvement. The patient states the pain level is 0/10. The patient has full function, range of motion, and no trouble working. The patient is noted to return to exercising in his gym and playing soccer without any back pain. He was there at that office visit to see about removing any work restrictions as he feels fully capable of doing his regular job. On exam, the physician did a complete lumbar exam. Neurocirculatory status is intact, normal range of motion. Strength is 5/5 in the bilateral lower extremities, negative spasms or tenderness to palpation of the lumbar spine. Lumbar range of motion flexion 60 degrees, extension 25 degrees, left and right lateral bending both are 25 degrees. Medications at this time are none. The physician has informed the patient to utilize over-the-counter ibuprofen as needed if mild exacerbation occurs. The patient is still on Final Determination Letter for IMR Case Number CM13-0036666 3 temporary work restrictions of no lift/pull/push more than 25 pounds. The physician did note they are unable to change permanent work restrictions until FCE is performed to objectively confirm that the patient is capable of performing his full job without detriment.

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 cite any medical evidence for its decision.

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 Evaluation.

Decision rationale: California/ACOEM Guidelines do not address Functional Capacity Evaluation. Official Disability Guidelines state that Functional Capacity Evaluations are not recommended routinely to use as part of an occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. It is usually recommended prior to admission to a work hardening program, the preference for assessment tailored to a specific task or job. Also under guidelines for performing an FCE, it is not recommended to proceed if the sole purpose is to determine a worker's effort or compliance, the worker's return to work, and ergonomic assessment has not been arranged, prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job. The documentation provided from the 08/15/2013 office visit note stated that the patient has no limitations and is having no pain, full range of motion and no trouble working. The physician also noted on the exam that the patient had a complete lumbar exam which showed no deficits at all. From the documentation provided, there is no recommendation considering or trying to have the patient admitted for a work hardening program. The guidelines do state that the request evaluation is not to be used routinely as part of an occupational rehab, screening or generic assessments in which the question is whether someone can do any type of job generally. Therefore, the request for Functional Capacity Evaluation is non-certified.