

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0036832 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/14/2012 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 10/08/2013 |
| 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 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:

Treatment to date has included physical therapy, acupuncture, cortisone injection, and medications such as Norco, and Relafen. Medical records from 2012 to 2013 were reviewed showing that the patient complained of back pain radiating to the left leg, graded 5/10 in severity. Patient likewise complained of intermittent headaches and frequent neck pain. Pain was alleviated with heat, while movement made it worse. Shoulder and left arm pain was intermittent. She also complained of left knee, leg, and foot pain that was intermittent and severe; aggravated by bending, pulling, reaching, sitting, turning, standing, and walking. Physical examination revealed muscle spasm of the lumbar spine with left-sided trigger points. Foraminal compression test was positive. There was generalized weakness at the left leg. Range of motion of the lumbar spine was restricted on all planes, except for rotation. Patient was recommended to remain off work until October 30, 2013.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 7, 132-139

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), 7, 132-139 Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation Section.

Decision rationale: As stated on pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The FCE should not be performed if the worker has not returned to work and an ergonomic assessment has not been arranged. In this case, the patient has returned to work from November 2012 to January 2013 under modified duties. However, it is unclear due to lack of documentation why she remained off work from February 2013 until October 30, 2013. Medical records submitted and reviewed do not provide evidence if the patient has successfully returned to work since October. Furthermore, there is no job specific description submitted which is recommended by the guidelines. There is likewise no ergonomic assessment of the workplace which is required since the patient was already advised to resume working. There is no documented indication for this request, hence, the medical necessity is not established at this time.