

Case Number:	CM13-0042294		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2011
Decision Date:	04/22/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year-old male with a 7/20/2011 cumulative trauma industrial claim. According to the Doctor's first report of injury by [REDACTED] from 4/26/13, the patient has been diagnosed with bilateral plantar fasciitis and bilateral foot sprain/strain. The IMR application shows a dispute with the 10/15/13 UR decision. The 10/15/13 UR decision provided for IMR, is from CID and is a retrospective denial for a functional capacity evaluation on 6/25/13 and denial for 13 special reports for 6/25/13. The UR letter states they reviewed the 4/22/13 initial report from [REDACTED], and that the procedures were performed on 6/25/13. I have been provided a 2nd "Doctor's first report" from [REDACTED] dated 4/22/13 showing the diagnosis as bilateral knee pain, but do not see where an FCE or 13 reports were requested, and there are no records available for this IMR dated 6/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION ON 6/25/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty and California Official Medical Fee Schedule, page 71.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 pages 137-138.

Decision rationale: The patient was reported to have bilateral foot or knee pain. None of the reports available for this IMR discussed a FCE, and apparently the FCE was performed on 6/25/13, but the report was not provided for IMR. The California MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, LC4610.5 (2) (B) does not support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.

RETROSPECTIVE REQUEST FOR 13 SPECIAL REPORTS ON 6/25/13: 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 ACOEM, Chapter 7, pages 137-138.

Decision rationale: The patient was reported to have bilateral foot or knee pain. The available medical records for this IMR do not discuss what these "special reports" were about. There is not enough information provided to confirm that the unknown special reports are provided in accordance with MTUS or any guidelines, and since "medical necessity" has been defined as treatment based on MTUS guidelines, this request cannot be considered medically necessary.