

Case Number:	CM13-0043024		
Date Assigned:	12/27/2013	Date of Injury:	12/14/2012
Decision Date:	08/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for abdominal pain, an inguinal hernia, and peripheral neuropathy reportedly associated with an industrial injury of December 14, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, reported diagnosis with an umbilical hernia, attorney representation, a consultation with a general surgeon, who endorsed an umbilical herniorrhaphy and extensive periods of time off of work. In a Utilization Review Report dated October 3, 2013, the claims administrator denied a request for a functional capacity evaluation, citing non-MTUS Chapter 7 ACOEM Guidelines. In an appeal letter dated October 8, 2013, the applicant's treating provider stated that the applicant had persistent complaints of groin and abdominal pain. It was stated that the applicant had not had any definitive medical treatment to date. A functional capacity evaluation was sought. It was stated, somewhat incongruously, that the applicant was already declared permanent and stationary with permanent ratable impairment. The purpose of the functional capacity evaluation was not stated. Electrodiagnostic testing of February 15, 2013 was notable for an L5 lumbar radiculopathy. The applicant underwent an umbilical herniorrhaphy on July 19, 2013. It appears that the applicant underwent some form of functional capacity testing on September 13, 2013, in which it was suggested that the applicant was not working as a machine operator. The functional capacity test results were not clearly summarized.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21, does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant has already been declared permanent and stationary with permanent restrictions. The applicant had seemingly failed to return to work. The applicant does not appear to have a job to return to. It is not clear what role functional capacity testing would/did serve in this context. Therefore, the request was/is not medically necessary.