

Case Number:	CM13-0045269		
Date Assigned:	12/27/2013	Date of Injury:	06/01/2008
Decision Date:	03/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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. 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 39 year old male with date of injury on 06/01/2008. The progress report dated 09/18/2013 by [REDACTED] indicated that patient's diagnoses include: Lumbosacral radiculopathy, cervical radiculopathy. Patient continues with chronic unremitting pain in his lumbar spine and knees bilaterally. On physical exam, it was noted that patient ambulates with antalgic gait and uses a one-point cane for balance. There is muscle tenderness and spasm noted in the paravertebral muscles of the lumbar spine with decreased range of motion. There is decreased sensation noted in the L5 and S1 dermatomal distributions bilaterally with pain. The patient had discomfort with flexion and extension of the knees bilaterally against gravity. The treating physician had requested a functional capacity evaluation to systemically document the patient's physical abilities. The utilization review letter dated 10/28/2013 issued a non-certification of this request.

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 Official Disability Guidelines (ODG), Treatment Index, 11th Edition, web, 2013, Fitness for Duty- Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137 & 139.

Decision rationale: The patient continues with significant pain in the lumbar spine and bilateral knees. ACOEM Guidelines page 137 regarding functional capacity evaluations states that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. Functional capacity evaluations may be requested by the employer or claim administrator and may also be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. The treating physician does not provide documentation as to why this information is crucial in this case. ACOEM further states that there is a little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The request for functional capacity evaluation does not appear to be supported by the guidelines noted above. Therefore, request is not certified.