

Case Number:	CM13-0048308		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2013
Decision Date:	02/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

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 & 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 62 Years Old female with a date of injury of 08/15/2013. The listed diagnoses per [REDACTED] dated are: 1. Lumbar strain/sprain, rule out disc radiculopathy 2. Bilateral foot plantar fasciitis. According to report dated 09/30/2013 by [REDACTED], patient presents with constant moderate to severe low back pain and bilateral foot pain. Patient rates pain 6-9/10. Examination of the lumbar spine showed tenderness to palpation about the lumbar paravertebral muscles and sacroiliac joints bilaterally. Muscle spasms at the quadrates lumborum muscles were noted. Examination of bilateral feet showed tenderness to palpation along the plantar ligament and directly under the arches.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition (Chapter, Fitness for Duty).

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

Decision rationale: This patient presents with constant moderate to severe low back pain and bilateral foot pain. Treater is requesting a Functional capacity evaluation. However, none of the reports provided for review incorporate any reasons for a request for a functional capacity evaluation. ACOEM guidelines has the following regarding functional capacity evaluations: (p137, 139) "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. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations to further assess current work capability." ACOEM guidelines do not support routine use of Functional Capacity Evaluation (FCE). It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that Functional Capacity Evaluations (FCEs) can predict an individual's actual capacity to perform in the workplace. Functional Capacity Evaluations (FCEs) are reserved for special circumstances when the employer or adjuster requests for it. Therefore, Decision for Functional Capacity Evaluation is not medically necessary and appropriate.