

Case Number:	CM13-0057522		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2009
Decision Date:	05/05/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 injured worker is a 37-year-old male who reported an injury on 10/27/2009 after a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included L5-S1 bilateral annuloplasty and decompression in 05/2013, physical therapy, activity modification, and medications. The injured worker was evaluated on 09/10/2013. Physical findings included restricted lumbar range of motion with a positive straight leg raising test bilaterally and weakness in the bilateral extensor hallucis longus, gastrocnemius, and peroneus longus muscle groups rated at 4/5 with decreased sensation in the bilateral L5-S1 dermatomes. The injured worker's diagnoses included L5-S1 disc herniation, a sleep disorder, anxiety and depression secondary to chronic pain, and status post intradiscal electrothermal therapy. The injured worker's treatment plan included physical therapy for the lumbar spine, aquatic therapy for the lumbar spine, and continued medications. A request was made for outpatient Functional Capacity Evaluation and range of motion muscle testing. However, justification for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FUNCTIONAL CAPACITY EVALUATION AND RANGE OF MOTION MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The requested outpatient Functional Capacity Evaluation and range of motion muscle testing is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends a standard physical evaluation as it is usually sufficient to determine and injured worker's ability to perform normal job functions. However, it may be necessary to obtain a more precise delineation of the injured worker's capabilities than is available from routine physical examination. The clinical documentation submitted for review does not provide any evidence that the injured worker is at or near maximum medical improvement. There is no documentation that the injured worker has had any fail to return to work attempts. There is no justification provided of why a specific Functional Capacity Evaluation and range of motion muscle testing would be needed to assess the injured worker's ability to return to work. As such, the requested outpatient Functional Capacity Evaluation and range of motion muscle testing is not medically necessary or appropriate.