

Case Number:	CM13-0066068		
Date Assigned:	07/14/2014	Date of Injury:	07/30/2013
Decision Date:	08/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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 claimant was injured on 07/30/13. A functional capacity evaluation is under review. She reportedly twisted her ankle and fell. She was diagnosed with a lumbar sprain and lower extremity neuropathy with a left hip sprain. She saw [REDACTED] on 10/21/13 for severe low back pain radiating to the left hip and left hip pain. Therapy and acupuncture decreased her pain temporarily and she could do more activities of daily living. She has tenderness and limited range of motion due to pain and spasm. Sensation and reflexes were intact. She had left hip tenderness at the greater trochanter. She had limited range of motion. MRI of the left hip and lumbar spine dated 10/16/13 were unremarkable. On 10/21/13, hot and cold packs were ordered. Functional restoration was recommended along with acupuncture 2 times a week for 6 weeks. A pain management consultation was recommended for possible injections of the low back, left hip, and left foot. An FCE was ordered. An EMG/NCV of the bilateral lower extremities was awaited. She had a home exercise program and a TENS unit was recommended. She was seen again on 01/13/14 and had ongoing pain which was well-controlled with medications with no side effects. Therapy and acupuncture helped decrease her pain temporarily. She had not seen the pain management specialist. She had MRIs of the left shoulder and left scapula in December 2013 that showed motion artifact, infraspinatus tendinosis and bursitis and subacromial subscapularis bursitis. ESWT, chiropractic/PT and acupuncture were recommended. There is no mention of a functional capacity evaluation. She saw [REDACTED] on 03/03/14. He recommended a left trochanteric steroid injection and a depression screening evaluation and exercise program. Possible diagnostic medial branch nerve blocks at the left at L5-S1 were recommended if the pain continued. Additional treatment was ordered on 03/10/14 by [REDACTED]. Again there is no mention of a functional capacity evaluation. She attended chiropractic and acupuncture. On 04/14/14, she saw [REDACTED] and had trigger point injections. Multiple other questionnaires were

done. She was prescribed ibuprofen and naproxen. She had a psychological assessment in March 2014. On 05/12/14, she saw [REDACTED] again. There was no mention of an FCE.

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 Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, FCE.

Decision rationale: The history and documentation do not objectively support the request for a Functional Capacity Evaluation. The ODG state Guidelines for performing an FCE. Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. In this case, there is no indication that the FCE is to assist in return to work or for setting goals prior to admission to a work hardening or other multidisciplinary rehabilitation program. There is no evidence of prior unsuccessful return to work attempts or conflicting reports on the claimant's capabilities. The indication(s) for this evaluation are unclear and none can be ascertained from the records. The request for Functional Capacity Evaluation(FCE) is not medically necessary.