

Case Number:	CM13-0072235		
Date Assigned:	01/08/2014	Date of Injury:	09/23/2010
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 35 year old male who was injured on 09/23/2010. The mechanism of injury is unknown. Prior treatment history has included removal of hardware, L5-S1; revision decompression laminectomy at L5-S1; exploration of fusion, L5-S1; fusion with crushed cancellous allograft and DHM, L5-S1 posterior and posterolateral; operational use of microscope; and re-instrumentation at L5-S1 on 03/19/2013. Diagnostic studies reviewed include x-rays of lumbosacral spine, 4 views dated 08/26/2013 demonstrates status post L5-S1 fusion and Grade I anterolisthesis of L5 on S1. Clinic note dated 08/26/2013 states the patient is status post approximately 5 months from his L4-5 decompression and L5-S1 fusion. He still has a considerable amount of weakness especially in his dorsiflexion and plantar flexion of his right foot. His return to work would probably be some time in October-November timeframe but he has to increase his strength as much as possible. He would benefit from extra therapy to meet this goal. If the strength does not come back to full strength, we will probably have to modify his job duties at that time. Clinic note dated 07/22/2013 indicates the patient is going to need at least another 18 sessions of physical therapy to try to get his tibialis anterior stronger.

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 ACOEM OCCUPATIONAL MEDICINE

PRACTICE GUIDELINES, 2ND EDITION (2004), FUNCTIONAL CAPACITY EVALUATIONS, PAGES 137-138; ODG, FITNESS FOR DUTY (UPDATES 11/12/13), FUNCTIONAL CAPACITY EVALUATION (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, FCE, PAGE 511; OFFICIAL DISABILITY GUIDELINES (ODG), FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: According to the CA MTUS/ACOEM guidelines, "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician." According to the ODG 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. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if prior unsuccessful RTW attempts and close or at MMI/all key medical reports secured." In this case, there is no documentation of prior unsuccessful RTW attempts. There is no documentation that this patient appears to be nearing MMI. There is no detailed job description that includes the physical tasks that are essential to the employee's job. Therefore, this Functional Capacity Evaluation is not medically appropriate at this time.