

Case Number:	CM14-0007336		
Date Assigned:	02/10/2014	Date of Injury:	01/31/2013
Decision Date:	07/04/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/20/2014

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, 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 46-year-old who reported an injury on January 31, 2013. The mechanism of injury was the injured worker was stepping out of the bus and fell forward and did not recall what happened. The diagnoses included lumbago and pain in the joint involving lower leg. The documentation of December 23, 2013 revealed the injured worker had a normal musculoskeletal examination. The physical capabilities included in a normal period of work eight hours with usual rest periods, the injured worker should be able to lift five pounds, pull five pounds, push five pounds, and carry five pounds. The injured worker may balance 0% of the tasked time, may bend at the waist, crawl, squat, and twist 0% of the tasked time. The injured worker should work at shoulder level 20% of the tasked time and alternate sitting and standing positions every 20 to 30 minutes. The injured worker may sit for 30 minutes, stand for 15 minutes, and walk for 5 minutes per hour. The treatment plan included a Functional Capacity Evaluation to determine long-term limitations and restrictions.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to provide documentation that the injured worker was close to maximum medical improvement and had prior unsuccessful attempts to return to work. The request for an FCE is not medically necessary or appropriate.