

Case Number:	CM14-0108737		
Date Assigned:	08/01/2014	Date of Injury:	03/22/2013
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 underlying date of injury in this case is 03/22/2013. This patient's diagnosis is status post a left L4-L5 and L5-S1 hemilaminotomy with microscopic nerve root decompression. On 03/18/2014, the patient was seen in primary treating physician follow-up. The patient was completing physical therapy. He still had numbness in the leg but no longer took any medication. The treating physician recommended continuing temporary total disability and discussing return to work at the next visit. By 06/17/2014, the patient was seen in primary treating physician follow-up. A lumbar MRI was reviewed showing no remaining stenosis of the lumbar spine to explain radicular symptoms. No further surgery was recommended. The patient reported ongoing right shoulder pain and also left ankle pain thought potentially related to the knee. The treating physician recommended orthopedic surgical evaluation. A Functional Capacity Evaluation was also recommended because it was unclear what duties the patient could perform.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Fitness for Duty 2014, Guidelines for performing an FCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on work conditioning, work hardening Page(s): 125.

Decision rationale: The Medical Treatment Utilization Schedule discusses Functional Capacity Evaluations in the context of work hardening and work conditioning on page 125. These guidelines recommend a Functional Capacity Evaluation after a patient has plateaued in treatment with no further treatment options recommended and in the context of a specific proposed job. The medical records in this case outline ongoing diagnostic evaluation with potential treatment options under consideration. Therefore, the guidelines do not support an indication for a Functional Capacity Evaluation since it is not clear that this would recommend permanent or longstanding physical limitations. As such, the request of Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.