

Case Number:	CM14-0011183		
Date Assigned:	02/21/2014	Date of Injury:	07/20/2013
Decision Date:	07/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/29/2014

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 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:

This is a 50-year-old male patient with a 7/20/13 date of injury. 10/29/13 progress report indicates persistent low back, right knee, right ankle, mid back pain. Physical exam demonstrates restricted lumbar range of motion, lumbar tenderness, negative bilateral straight leg raise test, mildly antalgic gait, restrictive thoracic range of motion. 11/7/13 progress report indicates persistent low back, right knee, right ankle, mid back pain complaints. Physical exam is essentially unchanged. 12/9/13 is induration report indicates persistent continuous upper, middle and lower back pain, intermittent right knee pain and continuous right foot pain. Physical exam demonstrates thoracic spine tenderness, tenderness over right ankle. Treatment to date has included physical therapy, acupuncture, medication, activity modification, home exercise. There is documentation of a previous 12/27/13 adverse determination for non-disclosed reasons.

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 ACOEM, CHAPTER 7, 137 AND 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 (Independent Medical Examinations and

Consultations), page 132-139 and Official Disability Guidelines ODG (Fitness for Duty Chapter), FCE.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW (Return To Work) attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI (Maximum Medical Improvement)/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is no specific rationale identifying how a detailed exploration of the patient's functional abilities in the context of specific work demands would facilitate return-to-work. There is no evidence of previous failed attempts to return to full duties, or complicating factors. Given ongoing therapeutic modalities, there is no indication that the patient is approaching MMI. Therefore, the request for a Functional Capacity Evaluation (FCE) was not medically necessary.