MAXIMUS Federal Services

Case Number:	CM14-0012490		
Date Assigned:	02/21/2014	Date of Injury:	04/04/2013
Decision Date:	07/31/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	01/30/2014

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 58-year-old male patient with a 4/4/13 date of injury, when he slipped while descending a ladder and fell landing in the seated position on his buttocks. 1/9/14 progress report indicates previous L1 burst fracture; with constant severe pain in the thoracolumbar junction radiating to both sides. Physical exam demonstrates slow and guarded gait, restricted lumbar range of motion, grossly unremarkable lower extremity neurologic findings. Treatment plan has included narcotics, physical therapy. 12/16/13 physical therapy progress report indicates increased pain complaints. Treatment to date has included physical therapy, medication, brace, and activity modification. There is documentation of a previous 1/30/14 adverse determination because the patient was not at MMI; there was no evidence of failed return-to-work attempts; and lack of conflicting reports on work precautions.

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 Non-MTUS ACOEM Chapter 7, Independent Medical Examinations, pages 132-139 and the Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations, pages 132-139 and the Official Disability Guidelines (ODG), Fitness for Duty Chapter.

Decision rationale: The ACOEM 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 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/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 imcluding PT and medication, there is no indication that the patient is approaching MMI. Therefore, the request for a functional capacity evaluation is not medically necessary.