

Case Number:	CM14-0113704		
Date Assigned:	08/01/2014	Date of Injury:	04/30/2014
Decision Date:	11/04/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in Mississippi and 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 22-year-old male who reported an injury on 04/30/2014. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included a sprain/strain of the lumbar region, sprain/strain of the thoracic region and pain to the knee/patella. The injured worker's past treatments included medications, physical therapy and durable medical equipment. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. His surgical history was not clearly indicated in the clinical notes. On 06/09/2014, the injured worker complained of upper and lower back pain exacerbated by lifting. He also reported pain to his bilateral knees, which he described as dull and moderate to severe in intensity. The injured worker rated his pain as 9/10 at the time of the visit. The physical examination revealed full range of motion of the spine and knee, with a positive Waddell's test noted. The exam also revealed tenderness to palpation of the lumbar spine right paraspinal muscles. The injured worker's neurological and musculoskeletal exams were normal. Additionally, there were no indications of bilateral wrists complications or pain. The injured worker's medications included Meloxicam 7.5 mg, BioFreeze, Acetaminophen 500 mg and Orphenadrine citrate 100 mg. The treatment plan consisted of the continuation of medications, work modifications, and a referral to an orthopedist to take over care due to lack of progression. A request was received for a functional capacity evaluation for the neck and bilateral wrists. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

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 Official Disability Guidelines (ODG), Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional Capacity Evaluation

Decision rationale: The request for a functional capacity evaluation once a week for one week to the neck and bilateral wrists is not medically necessary. The ACOEM guidelines state that limitations represent the difference between the patient's current physical stamina, agility, strength, and cognitive ability and potential job requirements. If specific job demands are known, it will be possible to describe more precisely the fit between the patient's current capability and actual job requirements. The Official Disability Guidelines recommend functional capacity evaluations prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. Functional capacity evaluations are not recommend as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Functional capacity evaluations should also be considered when the injured worker is close to maximum medical improvement. Based on the clinical notes, the injured worker complained of lower back and knee pain that was exacerbated by prolonged lifting, sitting, or standing. He rated his pain as 9/10 on the pain scale. The physical exam revealed that his neurological and musculoskeletal exams were normal. The clinical notes indicated that the injured worker returned back to work and reported no lost time from work as a result of the injury. The indication of continued knee and lower back pain does not warrant the need for a functional capacity evaluation. The guidelines recommend a functional capacity evaluation for prior admission into a work hardening program. The clinical notes indicated that the injured worker returned to work with a modification of duties. Also, the guidelines do not support the use of a functional capacity evaluation for the determination of the injured worker's slow progress towards improvement. Therefore, due to lack of documentation indicating that the injured worker would be integrated into a work hardening program and evidence that the evaluation is for the purpose of determining the cause of his slow progression, the request is not supported. Thus, the request for a functional capacity evaluation once a week for one week to the neck and bilateral wrists is not medically necessary.