

Case Number:	CM14-0113784		
Date Assigned:	08/01/2014	Date of Injury:	11/20/2013
Decision Date:	10/10/2014	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 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:

This assembly line worker sustained an injury on 11/20/13 while employed by Apple One after one month. Request(s) under consideration include Functional Capacity Evaluation 97670. Diagnoses include Lumbar disc displacement without myelopathy; sciatica. Report of 6/20/14 from the provider noted the patient with ongoing chronic severe aching pain shooting down the spine. Exam showed bilateral lumbar paraspinal muscle spasm from L1 to S1 and multifidus; left piriformis trigger points; limited lumbar range with flex/ext/bending/ rotation of 10/5/5/10/15 degrees; positive Kemp's; positive Adams and Yeoman's with decreased left patellar reflex. The patient was on modified duty of no repetitive bending; no lift/push/pulling greater than 5 pounds; no stand/ walking longer than 30 minutes without 5 minute break. Treatment included work hardening screening; psychosocial factor screening. It is unclear if the patient is currently working/ accomodated and was noted disability benefits should continue. The request(s) for Functional Capacity Evaluation 97670 was non-certified on 7/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation 97670: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: fitness for duty

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(s) 137-138

Decision rationale: This assembly line worker sustained an injury on 11/20/13 while employed by Apple One after one month. Request(s) under consideration include Functional Capacity Evaluation 97670. Diagnoses include Lumbar disc displacement without myelopathy; sciatica. Report of 6/20/14 from the provider noted the patient with ongoing chronic severe aching pain shooting down the spine. Exam showed bilateral lumbar paraspinal muscle spasm from L1 to S1 and multifidus; left piriformis trigger points; limited lumbar range with flex/ext/bending/ rotation of 10/5/5/10/15 degrees; positive Kemp's; positive Adams and Yeoman's with decreased left patellar reflex. The patient was on modified duty of no repetitive bending; no lift/push/pulling greater than 5 pounds; no stand/ walking longer than 30 minutes without 5 minute break. Treatment included work hardening screening; psychosocial factor screening. It is unclear if the patient is currently working/ accommodated and was noted disability benefits should continue. The request(s) for Functional Capacity Evaluation 97670 was non-certified on 7/9/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for diagnostic, without specific return to work documented. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation 97670 is not medically necessary and appropriate.