

Case Number:	CM14-0124805		
Date Assigned:	08/08/2014	Date of Injury:	05/19/2014
Decision Date:	12/04/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/07/2014

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 Emergency Medicine, and is licensed to practice in 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 40 year old female. Her date of injury was 05/19/2014. Her mechanism of injury was a fall. Her diagnoses were coccygodynia and contusion on the buttocks. Her past treatments included an injection of ketorolac for pain. Her past diagnostic studies included x-rays of sacrum and coccyx on 05/19/2014 with preliminary interpretation as normal. She had complaints of pain to the buttocks, described as 9/10, moderate to severe, dull, intermittent pain for 3 days on office visit of 05/22/2014. Her physical exam findings stated she ambulated with normal gait, full weight bearing, no spasms or tenderness of the thoracolumbar spine. There was also no restriction of range of motion of the back. Her patellar and Achilles deep tendon reflexes were 2/4. Her medication included polar frost gel, Tramadol, and Orphenadrine. Her treatment plan included physical therapy 3 times a week for 2 weeks, and lumbar support orthotic. A request was received for a Physical Performance - Functional Capacity Evaluation. There was no rationale for the request in the medical record. There was no Request for Authorization form in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance - functional capacity evaluation: Upheld

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

and Consultations, page 132-139, and on the Non-MTUS Official Disability Guidelines (ODG), Fitness for Duty (updated 03/26/14): Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 89-92.

Decision rationale: The request for Physical performance - functional capacity evaluation is not medically necessary. The injured worker had complaints of pain to the buttocks. During her physical exam of 05/22/2014 she had no restriction of range of motion of the back. She ambulated with normal gait and was noted to be full weight bearing. The California MTUS/ACOEM guidelines state a functional capacity evaluation is indicated if there is a delay in returning to work or a prolonged period of inactivity. The medical record indicates the injured worker returned to work on 05/19/2014 with the restrictions of frequent change of position as tolerated and limited stooping and bending. The medical record indicates the injured worker returned to work on modified duty the same date as the injury and there was no delay in returning to work or a prolonged period of inactivity. There was also no documentation of significant functional deficits or a rationale for the requested testing. Therefore, clarification is needed regarding the rationale for a functional capacity evaluation at this time. Therefore, the request is not medically necessary.