

Case Number:	CM14-0139447		
Date Assigned:	09/08/2014	Date of Injury:	02/10/2011
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 50 year old male whose date of injury is 02/10/2011. The mechanism of injury is described as carrying a box weighing approximately 50 pounds. Functional capacity evaluation dated 06/06/14 indicates that diagnoses are costochondritis and chronic pain. Oswestry score is 23. It is reported that overall reports of pain and disability rating findings for the injured worker were inconsistent. He was noted to provide moderate effort. Current physical demand level is sedentary. Permanent and stationary report dated 07/29/14 indicates that the injured worker was provided 7% whole person impairment. The injured worker was recommended to undergo a functional capacity evaluation.

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 Official Disability Guidelines, Fitness for Duty/Functional capacity evaluation (FCE)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional capacity evaluation

Decision rationale: Based on the clinical information provided, the request for functional capacity evaluation is not recommended as medically necessary. The submitted records indicate that the injured worker underwent a functional capacity evaluation on 06/06/14 and was subsequently recommended for a functional capacity evaluation on 07/29/14. There is no clear rationale provided to support a repeat functional capacity evaluation at this time. There is no indication that the injured worker underwent any additional treatment in the interim. There is no documentation of unsuccessful return to work attempt. Therefore, the injured worker does not meet criteria for functional capacity evaluation per the Official Disability Guidelines.