

Case Number:	CM14-0141202		
Date Assigned:	09/18/2014	Date of Injury:	11/26/2012
Decision Date:	11/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/30/2014

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 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 30 year-old patient sustained an injury on 11/26/12 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation. Diagnoses include Lumbar sprain/strain; status postsurgical; Inguinal pain. Medications list Menthoderm, Naproxen, Cyclobenzaprine, and Omeprazole. Reports of 3/12/14, 4/16/14, and 5/16/14 from the provider noted the patient with ongoing chronic low back and right groin discomfort rated at 3/10. Meds and TENS treatment reportedly helped with pain. Exams were unchanged and only had vitals with checked TTP, normal gait, normal ROM and reflexes. Treatment included continuing with HEP, TENS treatment and refill of meds with unchanged modified duties. Report of 6/28/14 again had no changed in symptom complaints, clinical findings with continued meds and diagnostic lumbar spine and x-rays of pelvis while remaining with unchanged modified work. Report of 8/2/14 from the provider noted complaints of low back pain with resolving right groin discomfort. Meds and TENS were reported to help. Exam findings were the same with TTP and mild limited lumbar extension with normal gait. Although it was noted the patient was reaching MMI, however, the patient was to continue with HEP, TENS treatment and "may benefit from water tx." The request(s) for Functional Capacity Evaluation was non-certified on 8/18/14 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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The patient remains without progress in work restrictions for the last year. 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 medical treatment, remaining on modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms with plan for consideration of aquatic therapy. 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 is not medically necessary and appropriate.