

Case Number:	CM14-0156061		
Date Assigned:	09/25/2014	Date of Injury:	02/28/2014
Decision Date:	11/18/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44 year old with an injury date on 2/28/14. The patient complains of back pain and increased pain in the bilateral lower extremities with pain rated 7/10 per 7/21/14 report. Based on a 3/24/14 physical therapy report provided by [REDACTED] the diagnosis is "left fracture of pubic, closed." No physical exam was included in provided documentation, but utilization review letter dated 9/4/14 states patient had restricted lumbar range of motion with limited flexion, citing 7/9/14 report. A functional capacity evaluation on 7/21/14 showed "69% score on Oswestry low back pain questionnaire, guarding upon completion, and impaired ability to return to upright posture (extreme difficulty)." Patient's treatment history includes physical therapy and chiropractic treatment. [REDACTED] is requesting functional capacity evaluation. The utilization review determination being challenged is dated 9/4/14. [REDACTED] is the requesting provider, and he provided a single functional capacity evaluation from 7/21/14.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE).

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, pg 137-138, FCE

Decision rationale: This patient presents with back pain, and bilateral leg pain. The physician has asked for a functional capacity evaluation, and the request appears to be retrospective, as a functional capacity evaluation was completed on 7/21/14. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the physician does not indicate any special circumstances that would require a functional capacity evaluation. There are no progress reports that provide a useful discussion for this retrospective request. The request is not medically necessary.