

Case Number:	CM14-0158452		
Date Assigned:	10/01/2014	Date of Injury:	05/27/2014
Decision Date:	11/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family 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:

Patient had a date of injury on 5/27/2014. Patient injured his lower back while lifting a bundle of papers. Initial xrays were taken which were normal. Patient has had physical therapy and acupuncture. No mention of medications for the back complaint. Diagnosis include: Acute lumbosacral strain and radiculopathy.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7: Independent Medical Examinations and Consultations page 13-139)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 222.

Decision rationale: According to guidelines determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more

precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. Based on the patient's medical records there is no indication as to why a FCE is needed at this time which history and physical cannot provide and thus is not medically necessary.