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| Case Number: | CM14-0167418 | | |
| Date Assigned: | 10/14/2014 | Date of Injury: | 09/29/2001 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/02/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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 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 53-year-old male who reported an injury on 09/29/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included L4-5 moderate central narrowing with moderate facet changes, depression, chronic pain, sleep dysfunction, GERD, gastritis, and low testosterone. The previous treatments included medications, a spinal cord stimulator, psychiatric treatment, and cognitive behavioral therapy. Within the clinical note dated 08/29/2014, it was reported the injured worker is doing well working full time. He rated his pain 3/10 to 4/10 in severity. Upon the physical examination, the provider noted the injured worker to have 5/5 strength bilaterally in the iliopsoas, quadricep, tibialis anterior, and toe flexors, with normal sensation in the bilateral lower extremities. There was a negative straight leg raise noted on the physical examination. A request was submitted for a Functional Capacity Evaluation. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th edition, 2013 Updates, Fitness for Duty Guidelines for performing an Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The California MTUS Guidelines state it may necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination, under some circumstances, this can be done by ordering a Functional Capacity Evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as a routine use, as a part of occupational rehab or screening, or generic assessment in which the question is whether someone can do any type of job generally. The clinical documentation submitted did not indicate how the Functional Capacity Evaluation will aid the provider in the injured worker's treatment plan and goals. There is lack of documentation noting the provider had indicated the injured worker to undergo a work hardening program.. There is lack of significant functional deficits upon the physical examination warranting the medical necessity for the request. Therefore, the request is not medically necessary.