

Case Number:	CM14-0174897		
Date Assigned:	10/28/2014	Date of Injury:	07/18/2011
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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 Pain Management 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 50 year old male with date of injury 7/18/11 that occurred when he was crushed buy a barrel and was pinned against a pole. The treating physician report dated 9/5/14 indicates that the patient presents with chronic pain affecting the lumbar spine and right hip. The pain is constant and rated an 8/10. The physical examination findings reveal a slightly antalgic gait, mildly decreased lumbar flexion and extension, +SLR on the right, no weakness are noted. The current diagnoses are: 1. Crush injury right hip 2. Contusion right hip 3. Crush injury back 4. Contusion back 5. Sciatica right The utilization review report dated 10/7/14 denied the request for a functional capacity evaluation based on the ACOEM guidelines.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations

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 Functional Capacity Evaluation

Decision rationale: The patient presents with chronic, constant, lower back pain that is rated an 8/10. The current request is for a Functional Capacity Evaluation. The treating physician report dated 9/5/14 states, "I am recommending FCE to assess his physical capabilities and aid in placing appropriate restrictions on physical activity as indicated." The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." The treating physician stated in the 9/5/14 report that the patient was on modified work duty of no operating company vehicles and no lifting greater than 10-15 pounds. There is no documentation found indicating that the employer or claims administrator was challenging the physicians work restrictions and they did not request an FCE. Recommendation is not medically necessary.