

Case Number:	CM14-0028740		
Date Assigned:	06/20/2014	Date of Injury:	01/27/1996
Decision Date:	08/14/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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:

The injured worker is a 44-year-old male who reported an injury on 01/27/1996, of unknown mechanism. The injured worker complained of pain in the lumbar spine that radiated into the lower extremities, paresthesia and numbness. He also complained of some left foot pain following surgical intervention. Physical examination on 05/30/2014 showed spasms, tenderness and guarding to the paravertebral musculature of the lumbar spine with loss of range of motion, decreased sensation bilaterally in the L5 dermatomes, left knee patellar crepitus on flexion and extension with medial and lateral joint line tenderness, tenderness across the dorsal mid foot, as well as interior talofibular ligament and the peroneal tendons of the left foot. He had an electromyogram, nerve conduction study, and MRI (magnetic resonance imaging) of the lumbar spine done. He had diagnoses of lumbosacral radiculopathy, lumbar sprain/strain, hip sprain/strain, ankle tendonitis/bursitis, knee tendonitis/bursitis, and foot sprain/strain. His past treatments included oral medications and physiotherapy for the lumbar spine. His medications included therapeutic creams, lidocaine patches and Aleve.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7. Decision based on Non-MTUS Citation ODG, Fitness for Duty chapter, Procedure Summary, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), fitness for duty, functional capacity evaluation (FCE).

Decision rationale: The request for 1 functional capacity evaluation is not medically necessary. The CA MTUS guidelines state that prior to participation in a work hardening program, a Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). The Official Disability Guidelines state that functional capacity evaluation is not recommended as routine use as part of occupational rehab, screening or generic assessments in which the question is whether someone can do any type of job generally. Guidelines for performing an Functional Capacity Evaluation are that it is recommended prior to admission to a work hardening program with reference to former assessments tailored to a specific task or job, the worker is actively participating in determining the stability of a particular job the Functional Capacity Evaluation is more likely to be successful. It is important to provide as much detail as possible about the potential job to the assessor. The job specific Functional Capacity Evaluation are more helpful than general assessments and should be accessible to all the return to work participants. A Functional Capacity Evaluation should be considered if case management is impaired by complex issues such as prior unsuccessful return to work attempts, conflicting medical recording on precautions and/or fitness for modified jobs and the reason required detail explanation of a workers abilities. Also a Functional Capacity Evaluation may be warranted if timing is appropriate, when the injured worker is close or at maximum medical improvement on key medical records, and secure additional/security conditions need to be clarified. A Functional Capacity Evaluation is not recommended if the sole purpose is to determine a worker's effort on compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In the documentation submitted it was mentioned that the injured worker returned to work on modified duties, however, there was no clear rationale for an Functional Capacity Evaluation to include how this test would affect the treatment plan. Given the above, the request for 1 functional capacity evaluation is not medically necessary.