

Case Number:	CM14-0031843		
Date Assigned:	06/20/2014	Date of Injury:	03/20/2013
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 43-year-old male who reported an injury on 03/20/2013. The mechanism of injury was not specifically stated. Current diagnosis is lumbar facet arthropathy/discopathy. The latest Physician Progress Report submitted for this review was documented on 09/04/2013. The injured worker reported persistent symptomatology in the lumbar spine. Physical examination revealed increased range of motion without any evidence of radiculopathy in the lower extremities. Treatment recommendations at that time included continuation of the current home exercise program and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): pp. 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery, including Functional Capacity Evaluation. Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no evidence of any previous unsuccessful return to work attempts. There is also no indication that this injured worker has reached or is close to reaching maximal medical improvement. As the medical necessity has not been established, the current request is non-certified.