MAXIMUS Federal Services

Case Number:	CM14-0047811		
Date Assigned:	06/25/2014	Date of Injury:	11/07/2013
Decision Date:	07/31/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and at least one earlier functional capacity evaluation. In a Utilization Review Report dated March 17, 2014, the claims administrator denied certified request for a repeat quantitative functional capacity evaluation. Despite the fact that the MTUS addressed the topic, the claims administrator cited non-MTUS ODG Guidelines. The claims administrator stated that functional capacity evaluations were not supported by the Official Disability Guidelines-2014. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated November 21, 2013, the applicant was apparently placed off of work. It was stated that the applicant could not perform her usual and customary duties. In an appeal letter dated February 14, 2014, the attending provider appealed the denial of chiropractic manipulative therapy and a qualified functional capacity evaluation. The attending provider stated that the claims administrator had failed to act in a timely manner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative Functional Capacity Evaluation: 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)-TWC, Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a provider should consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. In a February 14, 2014 progress note, the applicant was described as off of work and not having worked since the injury transpired. The applicant was still using a walking boot, Tylenol, and Voltaren gel. Pain, swelling, and tenderness were noted about the foot and ankle. The applicant was kept off of work for an additional four (4) weeks. In a March 3, 2014 progress note, the applicant was again described as off of work, on total temporary disability. The applicant again exhibited an antalgic gait requiring usage of a cane. Naprosyn and LidoPro cream were endorsed.