

Case Number:	CM14-0055249		
Date Assigned:	07/07/2014	Date of Injury:	06/14/2013
Decision Date:	08/07/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 59-year-old male whose original date of injury was June 14, 2013. The patient was employed as a correctional officer and was riding in the back of an ambulance when a sudden jarring resulted in low back pain. The low back has been an accepted body region by the carrier. Since that time the injured worker has been placed on modified duties. The patient has been conservatively treated with acupuncture, Flexeril, and narcotic pain medications. MRI of the lumbar spine on August 21, 2013 revealed bilateral L5 heart defects with anterolisthesis of L5 on S1, as well as L4-L5 disc protrusion. The disputed issue is a request for a functional capacity evaluation, which was denied in a utilization review determination on April 18, 2014. The rationale for this denial was that "the requested functional evaluation needs to be clarified. There is no indication that the patient is at or close to MMI."

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation up to 6 hours (days) QTY: 2.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines.

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>, page(s) 137-8.

Decision rationale: The CA MTUS does not specifically address FCE. Other well-established guidelines include ACOEM. The ACOEM chapter 7 FCE states on pages 137-138, the employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. According to a progress note on date of service February 11, 2014, the patient was placed on modified duty with no lifting greater than 25 pounds and no repetitive bending or stooping. The patient was allowed to work 8 hours per day for 5 days per week with no overtime. Then on March 17, 2014, the patient was allowed to return to work and perform regular duties 8 hours per day 5 days per week with no overtime. An authorization form for a FCE was completed on April 3, 2014. A progress note on March 25, 2014 discusses the worker's job description as a correctional officer. This includes mandatory overtime and that the patient would need to lift over 100 pounds on occasion. On examination there were still tenderness noted along the lumbar paraspinal muscles with normal neurologic examination. The rationale supplied for the FCE was to determine whether the patient can truly return to full duties of a correctional officer, especially with the heavy lifting requirements. Given the potential conflict between the capabilities of patient and his job description, a FCE may be a helpful evaluative tool and is medically necessary at this time.