

Case Number:	CM14-0065234		
Date Assigned:	07/11/2014	Date of Injury:	05/25/2012
Decision Date:	10/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family 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 patient is a 37-year-old male who has submitted a claim for left rib fracture associated with an industrial injury date of 5/25/2012. Medical records from 3/21/13 up to 1/22/14 were reviewed showing persistent pain of the left rib cage. Patient is temporarily totally disabled and off work since 10/8/13. Physical examination of the left rib cage revealed tenderness over the posterolateral aspect. There was pain on terminal motion. There was pain with compression test. Treatment to date has included intercostal nerve block, Vicodin, Excedrin, Naproxen, Omeprazole, Cyclobenzaprine, and Medrox. Utilization review from 4/15/2014 denied the request for Functional capacity evaluation. There is no mention of prior unsuccessful return to work attempts. There is no detailed job description and the specific activities that the patient needs to perform in the job setting. The current limitations related to work tasks that the patient is unable to complete or perform is not documented. Furthermore, there is no mention that the patient has reached plateau with conservative treatment is close to a point of maximum medical improvement.

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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page(s) 132-139 and Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the patient is temporarily totally disabled and off work since 10/8/13. There was no documentation of attempts to return to work or that the patient is close to the point of maximum medical improvement. Furthermore, the current limitations related to work tasks that the patient is unable to complete or perform are not documented. Therefore the request for Functional Capacity Evaluation is not medically necessary.