

Case Number:	CM14-0067706		
Date Assigned:	09/03/2014	Date of Injury:	09/30/2012
Decision Date:	09/30/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 & 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 66-year-old male who reported an injury on 09/30/2012. He reportedly sustained injuries to his back, shoulder, and arms from cleaning cars. The injured worker's treatment history included acupuncture treatment, orthopedic evaluations, injections, psychology sessions, and internal medicine referral. The injured worker has had several urine drug screens that were negative for opiate usage. The injured worker was evaluated on 06/12/2014 and it was documented that the injured worker complained of pain of the back 5/10, bilateral hands 5/10, and bilateral knees 5/10. Objective findings there was a positive Kemp's test bilaterally, and negative straight leg raise test. The rest of the physical examination was illegible. Diagnoses included joint pain, femoral hernia, and insomnia, sprain of the knee and leg, and anxiety states. The Request for Authorization was not submitted for this review.

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 Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation Chronic Pain.

Decision rationale: The request for the Functional Capacity Evaluation is not medically necessary. In the Official Disability Guidelines it states that a Functional Capacity Evaluation is recommended prior to admission a work hardening program, with reference for assessments tailored to specific task or job. It also states if a worker is actively participating in determining the suitability of a particular job, the Functional Capacity Evaluation is more likely to be successful. A Functional Capacity Evaluation is not effective when the referral is less collaborative and more directive. Per the Official Disability Guidelines, to consider a Functional Capacity Evaluation would be prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job all key medical reports and conditions are clarified and MMI/ all key medical reports are secured. There is lack of evidence provided on 06/12/2014 why the injured worker needs a Functional Capacity Evaluation. There is no evidence of a complex issues in the documented provided preventing the injured worker to return back to work. In addition, there were no outcome measurements indicating the injured worker had failed conservative care such as, physical therapy, functional limitations medication treatment. Given the above, the request for a Functional Capacity Evaluation on the injured worker is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for the Urine Drug Screen is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The injured worker has had several urine drug screens that were negative for opioid usage. Given the above, Urine Drug Screen is not medically necessary.