

Case Number:	CM14-0069864		
Date Assigned:	07/14/2014	Date of Injury:	04/26/2012
Decision Date:	09/16/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 67-year-old male with a 04/26/2012 date of injury. A specific mechanism of injury was not described. 4/22/14 determination was denied given no documented prior unsuccessful return to work attempts and no indication that the patient was close or at MMI. It was noted that at the time of the prior determination the only medical report submitted was a 3/7/14 report. There were additional reports provided for this review, including a 3/26/14 functional capacity evaluation which identified that the patient was capable of performing an occupation in the sedentary strength category, and not in the medium strength category required for his occupation as a truck driver. 3/7/14 medical report identified 6/10 pain in the cervical and thoracic spine, 7/10 in the lumbar spine, 5/10 pain in the right shoulder, and right hand/wrist 4/8/14 medical report identified 6/10 pain in the cervical, thoracic, and lumbar spine. There were no physical findings documented. There was a request for a functional capacity evaluation on 5/10 pain in the right shoulder and right hand/wrist. There was radiation of pain to the legs. Exam revealed tenderness to palpation and spasms over the lumbar paravertebral muscles, positive sciatic notch tenderness bilaterally, and decreased range of motion with pain. There was a request for a functional capacity evaluation, among other requests, including acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM) CHAPTER 7 Occupational Medicine Practice Guidelines ODG (Official Disability Guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations (page 132-139) Official Disability Guidelines (ODG) FCE.

Decision rationale: CA MTUS states that the treating or evaluating physician may order a FCE, if the physician feels the information from such testing is crucial. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. The patient had pain in multiple body parts. There was a request for a functional capacity evaluation on 3/7/14, which was denied at the time of a prior determination. The patient had a functional capacity evaluation on 3/26/14, and was subsequently seen on 4/8/14 where an additional functional capacity evaluation was requested. There was no rationale for this additional request, or an indication that any of the above criteria cited by CA MTUS was fulfilled. The medical necessity was not substantiated, neither for a functional capacity evaluation at the time of the 3/7/14, nor for an additional functional capacity evaluation. Therefore the functional capacity evaluation is not medically necessary.