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| Case Number: | CM14-0089786 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 07/19/2013 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/22/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 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 48-year-old male who reported an injury on 07/19/2013. The mechanism of injury was lifting. His diagnosis is lumbago. His past treatments included lumbar surgery and 24 visits of physical therapy. His surgical history included a microscopic L4 laminectomy and right L4-5 discectomy on 12/26/2013. The request for authorization form was submitted on 05/28/2014. On 05/28/2014, the injured worker presented with complaints of low back pain and right foot numbness. His physical examination revealed full range of motion of the lumbar spine with minimal tenderness to palpation from L4 to S1 bilaterally. The treatment plan included a functional capacity evaluation with physical therapy. A clear rationale for the request was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WORK READINESS EVALUATION FOR BACK PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request is non-certified. According to the California MTUS/ACOM Guidelines, a functional capacity evaluation may be warranted to assist the provider in determining functional limitations and ability to return to work. The clinical information submitted for review indicated that the injured worker had completed 24 sessions of physical therapy since his lumbar surgery in 2003. However, physical therapy notes were not provided to show evidence of significant functional improvement with this treatment. In addition, a clear description of the work readiness evaluation requested was not provided to indicate whether this test is similar to a formal functional capacity evaluation. Moreover, the 05/28/2014 clinical note failed to show any evidence of objective functional deficits, and there was no clear description of the injured worker's job duties in order to determine whether a formal work readiness evaluation would be necessary. In the absence of the above noted documentation, the request is not supported. As such, the request is non-certified.