

Case Number:	CM14-0093391		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2014
Decision Date:	10/02/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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:

According to the records made available for review, this is a 46 year-old male with a 1/20/14 date of injury. At the time (2/24/14) of request for authorization for baseline functional capacity evaluation whole body, there is documentation of subjective (pain that is aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive overhead reaching, repetitive twisting, repetitive lifting over 5 pounds, repetitive squatting, repetitive carrying, repetitive hand and arm movements, pushing, pulling, climbing, lifting heavy objects that is over 5 pounds , and cold weather) and objective (muscle spasms and tenderness to palpation over cervical, thoracic, and lumbar paraspinal area; and mild tenderness to palpation over bilateral medial and lateral peripatellar area) findings, current diagnoses (Lumbar Sprain, Neck Sprain, Degenerative Lumbar/Lumbosacral Intervertebral Disc, and Status Post Bilateral Knee Contusion), and treatment to date (medications, therapeutic exercises, biofeedback training, and heat application). 2/13/14 medical report identifies that patient has not yet achieved maximum medical improvement and will focus on returning this patient to former pre-injury capacity. There is no documentation indicating 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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Functional Capacity Evaluation Whole Body: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 508-512. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty/Functional capacity evaluation (FCE)

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) Independent Medical Examinations and Consultations, page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating 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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of Lumbar Sprain, Neck Sprain, Degenerative Lumbar/Lumbosacral Intervertebral Disc, and Status Post Bilateral Knee Contusion. In addition there is documentation of request for baseline functional capacity evaluation whole body to monitor any progress with treatment plan. However, there is no documentation indicating 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); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for baseline functional capacity evaluation whole body is not medically necessary.