

Case Number:	CM14-0099066		
Date Assigned:	09/16/2014	Date of Injury:	02/03/2013
Decision Date:	11/07/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Interventional Spine 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 44-year-old male with date of injury of 02/03/2013. The listed diagnosis per [REDACTED] from 04/30/2014 is abdominal pain. According to this report, the patient complains of increased pain in the right groin area secondary to increased work duties. The physical examination shows the patient is well developed, well nourished, who appears to be his stated age. Examination of the groin reveals tenderness to palpation over the right inguinal region. No other findings were noted on this report. The documents included a UDS from 04/16/2014. The utilization review denied the request on 06/11/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Ed: Chapter 7 - Independent Medical Examinations and Consultations; Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: 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) Chapter 7, upon functional capacity evaluations page 137 to 139

Decision rationale: This patient presents of right groin pain. The treater is requesting a functional capacity evaluation. The ACOEM Guidelines upon functional capacity evaluations page 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do on a single day at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for the duration of current work capabilities and restrictions. The patient's current work status is modified duty with restrictions to heavy lifting, pushing, and pulling limited to 10 pounds without stooping, bending, kneeling, crawling, or stair climbing. The treater does not explain why an FCE is requested. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or if the information is crucial. The request is not medically necessary.