

Case Number:	CM13-0010929		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2013
Decision Date:	01/26/2015	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/14/2013

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 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 49 year-old production operator sustained an injury on 3/3/13 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include 1 FCE - functional capacity evaluation - cervical as an outpatient. Diagnosis was non-displaced fracture of the coccyx. Conservative care has included medications, cervical pillow, physical therapy, and modified activities/rest. The patient was referred to the chiropractic provider on 6/5/13 for cervical and lumbar spine symptoms. Exam showed decreased range and tenderness at bilateral paraspinal muscles and sciatic notch; positive straight leg rising (SLR) at 80 degrees bilaterally; without neurological sensory or motor deficits identified. Diagnoses include cervical spine sprain/strain with radiculitis; lumbar spine sprain/strain with radiculities; and coccyx fracture. It appears the patient remained total temporary disabled (TTD) with plans for multiple MRIs, x-rays, physical therapy (PT), and FCE. The request(s) for 1 FCE - functional capacity evaluation - cervical as an outpatient was non-certified on 7/3/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FCE - functional capacity evaluation - cervical as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator 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, Independent Medical Examinations and Consultations, page(s) 137-138.

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, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: This 49 year-old production operator sustained an injury on 3/3/13 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include 1 FCE - functional capacity evaluation - cervical as an outpatient. Diagnosis was non-displaced fracture of the coccyx. Conservative care has included medications, cervical pillow, physical therapy, and modified activities/rest. The patient was referred to the chiropractic provider on 6/5/13 for cervical and lumbar spine symptoms. Exam showed decreased range and tenderness at bilateral paraspinal muscles and sciatic notch; positive SLR at 80 degrees bilaterally; without neurological sensory or motor deficits identified. Diagnoses include cervical spine sprain/strain with radiculitis; lumbar spine sprain/strain with radiculitis; and coccyx fracture. It appears the patient remained TTD with plans for multiple MRIs, x-rays, PT, and FCE. The request(s) for 1 FCE - functional capacity evaluation - cervical as an outpatient was non-certified on 7/3/13. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for diagnostic along therapy interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The 1 FCE - functional capacity evaluation - cervical as an outpatient is not medically necessary and appropriate.