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| Case Number: | CM14-0014182 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 12/31/2009 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

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 59 years old male patient who sustained an injury on 12/31/2009. He sustained the injury due cumulative trauma. The current diagnosis is not specified in the records provided. Per the doctor's note dated 1/15/2015, he had complaints of neck pain, bilateral shoulder pain, low back pain with radiation to both hip and bilateral lower extremities; varicose vein along the left calf and bilateral hearing loss. The physical examination revealed tenderness along the right paraspinous muscle, positive cervical compression test, tenderness along the left paraspinous deltoid complex, positive impingement on the left, scar over the lower thoracic spine, left antalgic gait and decreased sensation along the left thigh and leg- The medications list was not specified in the records provided. He has undergone left inguinal herniorrhaphy, lumbar microdiscectomy and laminectomy on 10/11/2010, and second lumbar surgery 10/10/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Functional Capacity Evaluation: 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) Practice Guidelines, Second Edition, Chapter 7, Independent Medical Examination and Consultation, pages(s) 137 -138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 7 Independent Medical Examinations and Consultations, Page-137-138 Official Disability Guidelines (ODG); Chapter: Fitness for Duty(updated 09/23/14) Functional capacity evaluation (FCE)

Decision rationale: Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace;.....it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions..."Per the cited guidelines above "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as:- 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.2. Timing is appropriate: - Close or at MMI/all key medical reports secured.- Additional/secondary conditions clarified. Do not proceed with an FCE if- The sole purpose is to determine a worker's effort or compliance.- The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Any evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. Response to conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of baseline Functional capacity evaluation is not fully established for this patient at this juncture.