MAXIMUS Federal Services

Case Number:	CM14-0193464		
Date Assigned:	11/26/2014	Date of Injury:	07/19/2013
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 29year old man with a work related injury dated 7/19/13 resulting in chronic pain of the back, shoulders and lower extremity. The diagnosis includes thoracic sprains/strain, lumbar sprain, disc protrusion and neural foraminal narrowing, bilateral shoulder sprain/strain and tendinosis, bilateral knee sprain/strain and right knee internal derangement, hypertension and insomnia. The patient was seen by the prescribing physician on 10/27/14. The patient complained of pain in the back, shoulders, knees, ankles and bilateral feet and heels. The physical exam showed tenderness over the thoracic and lumbar paraspinal muscles with decreased range of motion. The shoulder exam showed decreased range of motion. The plan of treatment included cyclobenzaprine and omeprazole. A Functional Capacity Evaluation was recommended. The progress note was hand written and difficult to read. The documentation didn't specify the reason for the Functional Capacity Evaluation.Under consideration is the medical necessity of the Functional Capacity Evaluation, which was denied during utilization review dated 10/27/14.

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 Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE)

Decision rationale: Functional Capacity Evaluation is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. An FCE is considered if case management is hampered by complex issues, timing is appropriate (when the patient is close to MMI and all key medical reports are secured and additional/secondary conditions clarified. A FCE is not recommended if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In this case the documentation doesn't support the need for FCE. There is no indication the patient is entering a WH program. A FCE is not medically necessary in this case.