

Case Number:	CM14-0196912		
Date Assigned:	12/04/2014	Date of Injury:	05/30/2014
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab 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 injured worker is a 36 year-old female, who on May 30, 2014, was injured while performing regular work duties. The injured worker is a bus driver. On the day of the injury the injured worker was walking on an uneven ramp. The right foot and ankle twisted, causing the injured worker to fall to the ground. The right hand was used to break the fall. The injured worker was unable to stand without help from a co-worker. The injured worker complains of moderate to severe low back, right hand, right foot and ankle pain. The Doctor's first report of occupational injury or illness dated May 30, 2014, indicates the injured worker complains of pain to the right ankle, reveals a swollen right ankle without bruising noted, and has a range of motion of 50% of normal. A diagnosis of right ankle sprain is given. On May 30, 2014, the injured worker had been off work since the date of the injury. The injured worker has been treated with physical therapy, orthotics, and medications. The injured worker has received multiple radiological imaging, these reports are not available for this review. An evaluation by physical therapy on October 29, 2014, indicates the right ankle range of motion has improved. The records do not indicate that the injured worker is unable to perform any job duties, or that a modified job is unavailable. The records do not indicate a failure of other return to work, conservative treatment methods. The request for authorization is for a physical performance functional capacity evaluation for the lumbar spine. The primary diagnosis is back disorder not otherwise specified. On October 27, 2014, Utilization Review non-certified the request for a physical performance functional capacity evaluation for the lumbar spine, based on MTUS, Chronic Pain, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance functional capacity evaluation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty chapter

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; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 137-138

Decision rationale: The patient presents with pain affecting the low back, right hand, and right foot and ankle. The current request is for Physical performance functional capacity evaluation for the lumbar spine. The requesting treating physician report was not found in the documents provided. A progress report dated 10/24/14 states that the patient is to remain off work until 11/28/14. An earlier report dated 6/27/14 states that the patient was to return to modified work with the following limitations: Sit down work and no driving. The patient received a change in work status from "modified work" to "Off Work" upon her next visit dated 7/8/14. The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." The treating physician had made an attempt to place the patient on modified work duty but placed the patient back on TTD 11 days later. An explanation of the efficacy of the work restrictions placed on the patient on 6/27/14 was not found in the documents provided. There is also no explanation by the treating physician in the documents provided stating why the request for an FCE was medically necessary. Furthermore, there is no documentation found in the records provided that the employer or claims administrator has requested a FCE. The current request is not medically necessary and the recommendation is for denial.