MAXIMUS Federal Services

Case Number:	CM14-0197175		
Date Assigned:	12/05/2014	Date of Injury:	06/05/2013
Decision Date:	01/26/2015	UR Denial Date:	11/19/2014
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 Family Practice, and is licensed to practice in Ohio. 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 43-year-old female with a date of injury of June 5, 2013. She fell backwards off of a ladder striking her coccyx and head. She was felt to have a concussion and later developed issues with executive function for which she received speech therapy subsequently. X-rays of the coccyx were negative for fractures. She was treated with medication, physical therapy, and acupuncture and was eventually released to work February 19, 2014. She redeveloped issues with pain in the buttocks roughly in August 2014. She was referred for more physical therapy and again was released to full duty September 4, 2014. Since then she has had coccyx pain of variable intensity which has required duty modification. The employer had been able to accommodate her restrictions. The diagnoses include contusions of the coccyx, face, scalp, and neck and a concussion. The physical exam revealed tenderness to palpation of the coccyx region with normal lumbar range of motion and a normal lower extremity exam. Examination of the neck revealed diminished range of motion with tenderness to palpation of the paravertebral muscles. A qualified medical examiner had found the injured worker to be at permanent and stationary on November 11, 2014. On November 11, 2014 a functional capacity assessment was done and job modifications were recommended. A job description came not from the employer but from an online source. Review of nearly 560 documents revealed no evidence of an on-site ergonomic assessment. At issue is a request for the functional capacity evaluation that at this point is necessarily retrospective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation back neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluation

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.

Decision rationale: Per the Official Disability Guidelines:Guidelines for performing an FCE:Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job.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 if1) 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.In this instance, the injured worker has returned to work successfully, albeit with modifications but is most often released to full duty. An ergonomic assessment had not been arranged prior to the functional capacity evaluation performed November 11, 2014. Therefore, a functional capacity evaluation with regard to the back and neck was not medically necessary per the guidelines cited.