

Case Number:	CM14-0201088		
Date Assigned:	12/11/2014	Date of Injury:	10/16/2013
Decision Date:	02/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 32 years old female patient who sustained an injury on 10/16/2013. She sustained the injury while reaching to put dishes on the shelf above her head. The current diagnoses include thoracic sprain, lumbar sprain and myofascial pain. Per the doctor's note dated 9/23/2014, she had complaints of very little pain since few days despite increased activity. The physical examination revealed tenderness on palpation. The medications list includes naproxen, cyclobenzaprine and topical analgesic creams. She has had lumbar MRI dated 11/21/13 which revealed minimal disc bulging at L4-5 and L5-S1. Her surgical history includes cholecystectomy and tubal ligation. She has had physical therapy; TENS, acupuncture and chiropractic care for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Fitness for duty procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Fitness for Duty(updated 09/23/14) Functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ; Chapter:7Independent Medical Examinations and Consultations, Page-137-138.

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 Functional capacity evaluation (FCE) is not fully established for this patient at this juncture.