

Case Number:	CM14-0058468		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2013
Decision Date:	04/02/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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: California
 Certification(s)/Specialty: Internal Medicine

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 57 year old male sustained a work related injury on 10/02/2013. According to an initial pain management consultation dated 02/01/2014, the injured worker had pre-existing headaches, stress, depression, anxiety, sleeping difficulty, tiredness and increased irritability that was worsened due to his injury. According to a consultative evaluation dated 07/22/2014, the injured worker was seen for a final rating for internal medicine disorders. The injured worker reported that soon after his injury, his sleeping difficulty, stress, depression and anxiety worsened due to his injury which then caused headaches, tiredness and increased irritability. Work restrictions included none from an internal medicine standpoint. On 04/03/2014, Utilization Review non-certified Internal Medicine Consult and Functional Capacity Evaluation. According to the Utilization Review physician, an internal medicine consult was being recommended for insomnia, headache and achlorhydria. The medical records did not clearly establish a thorough description or history of these complaints. In regards to a Functional Capacity Evaluation, the medical records did not establish prior unsuccessful return to work attempts. He had remained off work since 10/14/2013. This type of evaluation should not be recommended as a routine evaluation. Guidelines cited for this review included CA MTUS ACOEM, pages 137-138, Functional Capacity Evaluations and the Official Disability Guidelines, Fitness for Duty Chapter and CA MTUS ACOEM, Chapter 5, page 92 and Chapter 7 page 127 for Internal Medicine Consult. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal medicine consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Medical records document medical issues including hypertension, insomnia, headache, gastrointestinal symptoms. Medical records document medical issues that may benefit from the expertise of an Internal Medicine specialist. The request for Internal Medicine consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for Internal Medicine consultation is medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for duty chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health

complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The request was for a functional capacity evaluation. MTUS and ACOEM guidelines do not support the medical necessity of functional capacity evaluations (FCE). Therefore, the request for a functional capacity evaluation is not medically necessary.