

Case Number:	CM14-0073733		
Date Assigned:	07/16/2014	Date of Injury:	01/31/2012
Decision Date:	03/12/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/21/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male that sustained a work related injury on 01/31/2012 when he was turning a crank on an elevator machine and felt a pull in his mid and low back. Treatments include physical therapy, MRI, medications including topical creams, acupuncture, and left and right shoulder rotator cuff repair. Diagnosis included thoracic spine sprain and strain, lumbar spine sprain and strain, anxiety disorder, mood disorder and stress. Per most updated progress report dated 02/03/2012, noted the injured worker to have complaints of pain in the right low back and right upper back without the pain radiating to the legs and with symptoms improving. Per the same report, the physical exam indicated the injured worker stood erect and walked with antalgic gait, moderate pain and spasm to palpation of the paraspinal muscles bilaterally of the low back, and range of motion of the lumbar spine was moderately restricted due to complaints of pain. Treatment plans include referral for functional capacity evaluation. On 05/19/2014, Utilization Review denied the referral for functional capacity evaluation noting there was no indication that the injured worker was preparing to return to work, the treating physician did not specifically identify what occupational concerns needed to be clarified with performance of a functional capacity evaluation and MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for functional capacity evaluation per report dated 4/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability guideline (pain chapter) low back -Lumbar & thoracic Emgs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main 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. It is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. There was no documentation to support the necessity for the requested intervention. The most recent documentation was dated for the year 2012. There was a lack of documentation indicating that the injured worker had a failed attempt to return to work. Given the above, the request for a Referral for functional capacity evaluation per report dated 4/9/14 is not medically necessary.