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| Case Number: | CM15-0001561 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 01/17/2014 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: North Carolina, Georgia
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:

The injured worker is a 40 year old male who sustained an industrial injury on 1/17/2014. He has reported upper and lower back pain. The diagnoses have included cervical sprain/strain, lumbar sprain/strain, anxiety and depression. Treatment to date has included medication management, acupuncture, chiropractic care, TENS (transcutaneous electrical nerve stimulation) unit, home exercises and back brace. Currently, the IW complains of upper and lower back pain, the treatment plan included functional capacity examination. On, 12/8/2014, A Utilization Review non-certified a functional capacity examination, noting the lack of significant change since the last functional capacity examination. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/16/2014, the injured worker submitted an application for IMR for review of a functional capacity examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty

Decision rationale: The CA MTUS is silent on the issue of functional capacity evaluation. ODG cautions that a functional capacity evaluation is most helpful if the worker is actively participating in finding a job and not as effective if it is less collaborative and more directive. Job specific directives are more helpful than general assessments. ODG instructs that one should consider an FCE if there have been prior unsuccessful return to work attempts, if there are conflicting medical assessments of precautions or fitness for a modified job or injuries that require a detailed exploration of a worker's capacity. Additionally, the worker should be close to or at MMI. In this case, there have been no prior return to work attempts and there are no conflicting medical reports on any modified job capacities. The claimant had a FCE performed in June of 2014 at which time he was not judged to be at maximal or near maximal medical improvement. The records do not indicate that he is currently considered to be at maximal medical improvement. The current request is a general request to assess improvement after a course of chiropractic therapy, not to assess for specific job capacity. There are no conflicting assessments of his functional improvement or capacity for work. As such, the ODG criteria for considering an FCE are not met and the original UR decision is upheld.