

Case Number:	CM15-0181154		
Date Assigned:	09/22/2015	Date of Injury:	03/04/2003
Decision Date:	11/09/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 4, 2004. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for a functional capacity evaluation (FCE). The claims administrator referenced an August 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 4, 2015, a functional capacity evaluation was sought. On July 22, 2015, the attending provider acknowledged that the applicant was approaching maximal medical improvement. A functional capacity evaluation was sought. The attending provider suggested that the claimant was doing poorly owing to ongoing complaints of neck and back pain. It was not stated whether the applicant was or was not working as of this date, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: No, the request for a functional capacity evaluation (FCE) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment and limitations and restrictions and to determine work capability, here, however, little-to-no pertinent information accompany the August 4, 2015 RFA form and/or the associated progress note of July 22, 2015. The applicant's work and functional status were not clearly outlined, although it did not appear that the applicant was working as of the date in question. It was not clear, in short, why a functional capacity evaluation was sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.