

Case Number:	CM15-0181593		
Date Assigned:	09/22/2015	Date of Injury:	11/18/2013
Decision Date:	11/03/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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 46-year-old who has filed a claim for groin pain, abdominal pain, and hernia reportedly associated with an industrial injury of November 18, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for a quantitative functional capacity evaluation. The claims administrator referenced an August 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 6, 2015 office visit, the applicant was given a rather proscriptive 10-pound lifting limitation. The applicant was working with said limitation in place. The applicant had undergone a herniorrhaphy procedure some one month prior and had residual, low-grade 1/10 pain complaints. The surgery was uncomplicated. Naprosyn was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantitative 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 (ODG), FCE.

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 quantitative functional capacity evaluation (FCE) is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical limitations and restrictions and to determine work capability, here, however, the applicant had already returned to work as of the August 6, 2015 office visit at issue. The applicant was some one month removed from the date of a recently performed herniorrhaphy procedure, it was reported on that date. It was not clearly stated, in short, why functional capacity testing was sought in the clinical and/or vocational context present here, namely in the face of the applicant's already-successful return to work. Therefore, the request is not medically necessary.