

Case Number:	CM15-0188632		
Date Assigned:	09/30/2015	Date of Injury:	07/17/2014
Decision Date:	11/13/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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: California, Hawaii

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 40 year old male, who sustained an industrial injury on 7-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc protrusion and lumbar myofascitis. On 7-23-2015, the injured worker reported no low back pain. The Primary Treating Physician's report dated 7-23-2015, noted there was no swelling, bruising, atrophy, or lesion present at the lumbar spine. The treatment plan was noted to include a request for a physical performance Functional Capacity Evaluation (FCE) to ensure the injured worker could safely meet the physical demands of their occupation, and range of motion (ROM) and muscle testing analysis was requested to monitor the injured worker's progress. The injured worker was instructed to return to full duty. A treatment SOAP note dated 8-25-2015, noted the injured worker with lumbar pain with radiation rated as 6 out of 10, with mechanical traction, electrical stimulation, and myofascial release performed. A Medical-Legal Physical Performance Functional Capacity Evaluation (FCE) dated 8-25-2015, noted lift testing was an invalid effort with inconsistent results, and a valid effort of grip strength indicating valid maximal effort. An activity of daily living (ADLs) assessment was noted to show no difficulty in self-care, communication, physical activity, sensory function, non-specialized hand activities, or sexual function. The request for authorization dated 8-20-2015, requested a physical performance Functional Capacity Evaluation (FCE). The Utilization Review (UR) dated 8-31-2015, non-certified the request for a physical performance Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance Functional capacity evaluation (FCE): 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), Fitness for duty/Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations.

Decision rationale: The patient presents with low back pain. The current request is for Physical Performance Functional Capacity Evaluation (FCE). The treating physician's report dated 07/23/2015 (5B) states, "A physical performance FCE is requested to ensure this patient can safely meet the physical demands of their occupation." It appears that the FCE report dated 08/25/2015 (9B) is the request in question. The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless asked by an administrator, employer, or if the information is crucial. The current request is not medically necessary.