MAXIMUS Federal Services

Case Number:	CM15-0198701		
Date Assigned:	10/14/2015	Date of Injury:	02/16/2015
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female, who sustained an industrial injury on 2-16-2015 related to a gunshot wound. The injured worker is being treated for cause of injury shotgun, pelvic fracture and right leg parasthesia. Treatment to date has included surgical intervention (small bowel resection and duodenal repair x2), physical therapy, and work and activity restrictions. Per the Primary Treating Physician's Progress Report dated 8-27-2015, the injured worker presented for follow-up. She reported mild, intermittent low back pain, right lower extremity weakness and pain from her stomach pain with bloating sensation with certain foods. Objective findings included restricted flexion and rotation due to increased pain. There was bilateral right sided paraspinal muscle tenderness from L1-S1 with no palpable spasms. The notes from the provider do not document efficacy of the current treatment. She was not working, as employer is unable to accommodate her restrictions. Work status was modified. The plan of care included, and authorization was requested for functional capacity evaluation and evaluation with a physical medicine physician to evaluate for right toe numbness and right leg weakness. On 9-09-2015, Utilization Review non-certified the request for a functional capacity evaluation.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in February 2015 when she sustained an accidental gunshot wound to the right flank. She underwent a small bowel resection and duodenal repair and sustained a pelvic fracture. She works as a Home Health Aide. She is restricted to lifting 15 pounds with no repetitive bending or climbing. When seen, work restrictions were not being accommodated. She had completed 2 of 4 physical therapy treatments. A physical therapy extension had been approved. She had mild intermittent low back pain. She had lower extremity weakness and lumbar pain with activities of daily living. Physical examination findings included mild abdominal tenderness adjacent to her surgical scar. There was sensitivity to light touch. She had decreased and painful lumbar range of motion. There was right lumbar muscle tenderness. There was a mildly antalgic gait with decreased right lower extremity strength and sensation. Recommendations included completion of physical therapy treatments. A Physical Medicine evaluation was requested and a functional capacity evaluation was requested to determine the claimant's true capabilities. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, recommendations include completion of additional physical therapy and further assessment. The claimant is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.