

Case Number:	CM15-0203504		
Date Assigned:	10/20/2015	Date of Injury:	03/12/2014
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina
 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 58 year old male, who sustained an industrial injury on 3-12-2014. The injured worker is undergoing treatment for: left inguinal hernia without obstruction, and neck pain, cervical spondylosis or cervical myelomalacia. On 6-18-15, he was seen by QME. He reported left hip area pain with aching and tingling in the bilateral legs. Physical examination revealed no tenderness in the neck, thoracic or lumbar spines, negative spurling's test, positive hoffman's test in the left upper extremity, non-sustained clonus at the bilateral ankles, and left inguinal hernia. Recommendations made were for additional testing of the cervical spine with x-rays and MRI; and hernia repair. On 7-21-15, 8-25-15, and 9-4-15, he reported intermittent inguinal hernia pain. Objective findings revealed a left direct inguinal hernia. The treatment and diagnostic testing to date has included: x-ray of the cervical spine (8-13-15), MRI of the cervical spine (8-13-15), MRI of the pelvis (August 2014), truss. Medications have included: Tramadol and Tylenol. Current work status: modified. The request for authorization is for: functional capacity evaluation. The UR dated 9-30-2015: non-certified the request for 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: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts, b. Conflicting medical reporting on precaution and/or fitness for modified jobs, c. Injuries that require detailed exploration of the worker's abilities, 2. Timing is appropriate. Close or at MMI/all key medical reports secured, b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore criteria have not been met as set forth by the ODG and the request is not medically necessary.