

Case Number:	CM15-0205076		
Date Assigned:	10/22/2015	Date of Injury:	03/18/2014
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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, California

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 47 year old male, who sustained an industrial injury on 03-18-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral sacroiliac (SI) joint dysfunction, lumbar strain or sprain, SI joint sprain, bilateral foot sprains, bilateral foot tenosynovitis, and bilateral ankle sprains. Medical records (to 09-02-2015) indicate ongoing low back pain and bilateral foot pain. Pain levels were rated 2-4 out of 10 in severity on a visual analog scale (VAS) and were noted to be improving. Records also indicate no significant changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-02-2015, revealed restricted range of motion in the lumbar spine, and tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles with noted spasms. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that a functional capacity evaluation is being requested to ensure that the IW can safely meet the physical demands of their occupation. The patient had MRI of the left foot on 5/3/14 that revealed osteoarthritis; MRI of the right foot on 5/3/14 that revealed osteoarthritis and non displaced fracture; MRI of the lumbar spine on 12/16/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes and X ray of the pelvis on 7/28/15 that was unremarkable; EMG of lower extremity that revealed 1 radiculopathy. The patient had received an unspecified number of acupuncture and PT visits for this injury. The patient's surgical history include removal of lipoma in 2009 and 2011. The medication list include Atorvastatin, Norco and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty updated 09/09/15 Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation, quantity 1. MTUS guideline does not specifically address this issue. Hence ODG used. Per the ODG guidelines cited below If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts." Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: "Close or at MMI/all key medical reports secured." Additional/secondary conditions clarified. Do not proceed with an FCE if "the sole purpose is to determine a worker's effort or compliance." The presence of the criteria listed in the guidelines that would require a FCE were not specified in the records provided. Complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Evidence of conflicting medical reporting on precautions and/or fitness for modified job or injuries that would require a detailed exploration of a worker's abilities are not specified in the records provided. The guidelines state, "Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance." The patient had received an unspecified number of PT visits for this injury. The response to conservative therapy including PT was not specified in the records provided. The medical necessity of the request for Functional capacity evaluation, quantity 1 is not fully established for this patient.