

Case Number:	CM15-0021690		
Date Assigned:	02/11/2015	Date of Injury:	06/09/2005
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 55-year-old male, who sustained a work related injury on 6/9/05. The diagnoses have included low back pain, degeneration of lumbar disc, opioid dependence, and depression. Treatments to date have included lumbar surgery, physical therapy, oral medications, epidural steroid injection, and lumbar spine MRI. In the office visit note dated 12/19/14, the injured worker is dealing with issues of narcotic dependence and phlebothrombosis / thrombophlebitis of his bilateral lower extremities. He has ulceration in his right calf. He has some pitting edema in both legs. On 1/13/15, Utilization Review non-certified a request for a functional capacity evaluation. The ODG was cited.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Fitness of Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional capacity evaluation (FCE) <http://www.odg-twc.com/>

Decision rationale: According to ODG guidelines, <http://www.odg-twc.com/> Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend 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 generally. Recent research: An RCT compared FCEs using a well-known protocol, the proprietary WorkWell (Isernhagen Work Systems) FCE (Duluth, MN), with functional interviews conducted by specially trained FCE clinicians (collecting self-report information only, but no measurements). Even though those who had an FCE were found to have higher work capacity than those who were interviewed, it made no difference to the outcome. RTW results were the same whether the injured worker's capability had been assessed using a full two-day FCE, or a much shorter interview by an expert listener. The authors concluded that FCE does not appear to enhance outcomes (improved RTW rates or functional work levels at follow-up) when integrated into the process of occupational rehabilitation. (Gross, 2013) Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. 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 worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) There is no documentation that the patient is considered for admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. It seems that the evaluation is more for a routine use as part of occupational rehab or screening. Therefore, the request for Functional Capacity Evaluation is not medically necessary.