

Case Number:	CM15-0214619		
Date Assigned:	11/04/2015	Date of Injury:	01/18/2014
Decision Date:	12/21/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old female, who sustained an industrial injury on 01-18-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain or sprain, left foot contusion, and right knee laceration. Medical records (03-23-2015 to 09-21-2015) indicate ongoing left foot pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning as these were not specifically addressed. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-21-2015, was hand written and difficult to decipher; however, it did indicate tenderness and an antalgic gait. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications. A functional capacity evaluation, dated 05-04-2015, and indicated that the IW was able to perform usual occupation. The request for authorization (09-21-2015) shows that the following service was requested: functional capacity evaluation for the lumbar spine. The original utilization review (10-06-2015) non-certified the request for functional capacity evaluation for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: The injured worker sustained a work related injury on 01-18-2014. The medical records provided indicate the diagnosis of lumbar strain or sprain, left foot contusion, and right knee laceration. Treatments have included physical therapy (PT), work restrictions, and pain medications. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation Lumbar spine. Since the MTUS did not elaborate on the topic reference was made to the Official Disability Guidelines. This guidelines recommends that functional capacity evaluation be done when the patient is near the maximal medical period, and that the referral be collaborative and more directive with the employer, and that it be job specific. The medical records indicate the injured worker is a surgical candidate and has not reached maximal medical impairment. The request is not medically necessary.