MAXIMUS Federal Services

Case Number:	CM15-0219912		
Date Assigned:	11/12/2015	Date of Injury:	11/09/2014
Decision Date:	12/29/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	11/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old female sustained an industrial injury on 11-9-14. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain, myofascial pain syndrome, left ankle tibiofibular and talofibular tears and infrapatellar bursitis. Previous treatment included physical therapy, chiropractic therapy, h-wave, trigger point injections, crutches, orthotics and medications. In a chiropractic PR-2 dated 9-16-15, the injured worker complained of pain to the low back with radiation to the left lower extremity, rated 9 out of 10 on the visual analog scale, associated with left lower extremity numbness and tingling and left ankle and foot pain, rated 8 out of 10, associated with burning, numbness and tingling. The injured worker reported that she had increased low back pain that day after a "very busy" work day in which she worked nine hours. The injured worker had to take Ibuprofen at work to control the pain. A physical performance test with MTAP evaluation was administered during the office visit. The treatment plan included continuing pain management, physical therapy and chiropractic therapy. On 9-30-15, Utilization Review noncertified a request for physical performance test administered, MTAP evaluation, (DOS: 9-16-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Physical Performance Test Administered, MTAP Evaluation QTY: 1 (DOS 09/16/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 137 regarding Independent Medical Examinations and Consultations.

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 chapter, under Functional capacity evaluation and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137.

Decision rationale: The current request is for RETROSPECTIVE PHYSICAL PERFORMANCE TEST ADMINISTERED, MTAP EVALUATION QTY: 1 (DOS 09/16/ 2015). Previous treatment included physical therapy, chiropractic therapy, h-wave, trigger point injections, crutches, orthotics and medications. The patient is working full-time. MTUS/ ACOEM Guidelines, Lower Back Complaints, Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness For Duty chapter, under Functional capacity evaluation (FCE) states: "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." Per chiropractic report dated 09/16/15, the patient presents with pain to the low back with radiation to the left lower extremity and numbness and tingling. The patient reported that she has increased low back pain after a full day of work. A physical performance test with MTAP evaluation was administered during the office visit. The Physical performance test with MTAP (Multidimensional Task Ability Profile) is similar to a Functional Capacity Evaluation. The exam provides insight on the patient's physical capabilities. In this case, the patient has already returned to full-duty and it is unclear why such testing was performed. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via a formal FCE, and there is no indication that this assessment is requested by this patient's employer. Therefore, the request WAS NOT medically necessary.