MAXIMUS Federal Services

Case Number:	CM15-0038753		
Date Assigned:	03/09/2015	Date of Injury:	09/08/2011
Decision Date:	04/17/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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:

The injured worker is a 37-year-old male, who sustained an industrial injury on 9/8/11. He has reported left leg injury after accidentally cutting himself with an electric saw. The diagnoses have included left quadriceps mechanism laceration. Treatment to date has included medications, physical therapy, Home Exercise Program (HEP), acupuncture, chiropractic, psychiatry and pain specialist. Surgery has included exploration of repair of left quadriceps tendon rupture and evacuation of hematoma. Currently, as per the physician progress note dated 1/2/15, the injured worker complains of ongoing left anterior thigh pain, numbness and tingling around the incision site, and weakness in the left leg. He also complains of chronic low back pain. The physical exam of the left leg revealed an 8 centimeter scar on the anterior thigh, evidence of quadriceps atrophy, and some numbness and tingling in and around the incision site. The current medications were not noted and there were no previous therapy sessions noted. It was noted that the injured worker could be on some kind of modified work duty, due to the length of time since his injury. It was also noted that a functional capacity evaluation would be appropriate to determine what he can and cannot do as a result of his chronic injury.

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 (ODG) Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with ongoing left anterior thigh pain, numbness and tingling around the incision site, and weakness in the left leg. He also complains of chronic low back pain. The request is for FUNCTIONAL CAPACITY EVALUATION. The RFA provided is dated 02/05/15. The patient is to return to modified duty. MTUS Chronic Pain guidelines, and MTUS/ACOEM chapter guidelines did not provide details on Functional capacity evaluations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Functional capacity evaluations. ACOEM chapter 7, pg 137-138 states: "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions."Treater is requesting FCE to determine what his limitations are and his long term needs with regard to work restrictions. ACOEM guidelines do not support FCE to predict an individual's work capacity. Therefore, the request IS NOT medically necessary.