

Case Number:	CM15-0046220		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2011
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 66 year old male, who sustained an industrial injury on January 31, 2011. The injured worker reported low back pain. The injured worker was diagnosed as having lumbosacral strain/sprain with radiculopathy, facet arthropathy, disc bulge, right knee sprain/strain and stress/anxiety, depression and sleep difficulty. Treatment and diagnostic studies to date have included physical therapy. A report of physical medicine and rehabilitation evaluation dated April 18, 2011 the injured worker complains of low back pain radiating down both legs the right greater than left. He has numbness and tingling in the legs. Physical exam notes lumbar muscle spasm and no areas of decreased light touch noted in the legs. A progress report dated June 15, 2011 notes continued back and leg pain as well as anxiety and sleep disturbance. The plan included orthopedic consultation, therapy and awaiting functional capacity results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Functional Capacity Evaluation Report: 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 Practice Guidelines Chapter 7, pages 137 and 138.

Decision rationale: Pursuant to the ACOEM, retrospective functional capacity evaluation report is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, injuries that require detailed exploration of a worker's abilities, the patient is close to or at maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are back strain; and right knee patellofemoral joint disease. In a progress note dated August 9, 2011, the injured worker was still under the care of the request of the treating orthopedist. The treatment plan was to continue therapy and follow-up in one month. The injured worker was not yet permanent and stationary and requires further orthopedic care. The functional capacity evaluation was not appropriate on April 21, 2011 because the injured worker did not meet the criteria for FCE. The injured worker was three months past the date of injury and there is no documentation the injured worker attempted to return to work. There is no documentation the worker was at or near maximal medical improvement. The treating provider ordered and completed a functional capacity evaluation on April 21, 2011 and generated a functional capacity evaluation report on that date. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Functional capacity evaluation dated April 21, 2011 was not medically necessary. There was no clinical indication or clinical rationale to complete the functional capacity evaluation at that time. Consequently, absent clinical documentation with a clinical indication and clinical rationale to complete a functional capacity evaluation when the injured worker was three months post injury, was not at or near maximal medical improvement, did not attempt to return to work and was continuing active treatment and therapy, retrospective Functional Capacity Evaluation Report is not medically necessary.