

Case Number:	CM15-0049802		
Date Assigned:	03/23/2015	Date of Injury:	05/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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, Pain Management

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 46 year old female, who sustained an industrial injury on 3/9/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having major depressive disorder and insomnia disorder. There is no record of a recent diagnostic study. Treatment to date has included psychotherapy and medication management. Currently, the injured worker complains of unpleasant thoughts, worry, hearing voices, poor appetite, depression, insomnia fear and feelings of hopelessness and ending her life. In a progress note dated 2/2/2015, the treating physician is requesting disability re-evaluation at the end of planned treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disability Re-Evaluation Once At The End of Planned Tx: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, Fitness for Duty and Disability Evaluations.

Decision rationale: The ODG Integrated Treatment/Disability Duration Guidelines state the following in the Fitness for Duty Chapter: "Fitness-to-work examinations are objective assessments of the health of employees in relation to their specific jobs, in order to ensure they could do the job and would not be a hazard to themselves or others. Fitness-to-work examinations should always be conducted with reference to the specific job the worker holds or intends to hold. The circumstances that require such examinations occur at the time of application or consideration for entry into employment and assignment to a specific job (pre-placement), return to work after illness or injury (return to work)... Key Elements of a Fitness-for-Duty Examination Under the Americans with Disabilities Act: 1) Determine the presence or absence of a permanent impairment that substantially limits one or more major life activities. 2) Evaluate the patient's work capacity (mental and physical) and delineate workplace restrictions. 3) Assess workplace demands (mental and physical) and essential functions of the job. 4) Ascertain the patient's ability to perform the essential functions of the job with, or without, accommodations. Practical Pointers on Disability Evaluations and Certifications: 1) Do not confuse the terms "impairment" and "disability." Impairment can be defined as a loss of physiologic function or anatomic structure. By contrast, disability can be defined as a reduced ability to meet occupational demands as a result of impairment and other associated factors. Therefore, disability is a broad term that encompasses not only impairment but also a multitude of other factors. 2) Obtain appropriate consents signed and dated by the patient. 3) Clearly delineate the nature and extent of all impairments (mental and physical); segregate those pertaining to the claim. 4) Document all patient limitations (mental and physical) and workplace restrictions. 5) Assess the patient's workplace demands (mental and physical) and essential functions of the job by obtaining a functional job analysis from the employer. 6) Assess fitness for duty and employability by comparing the patient's work capacity to workplace demands. Obtain a functional capacity examination if needed. (See Procedure Summary.) 7) Ascertain the type and definition of disability being applied to the claim. 8) Determine disability status and address issues of temporary versus permanent, as well as partial versus total disability. 9) List patient's capabilities, limitations, and restrictions. 10) Do not address issues of permanency (including impairment or disability) until the patient has reached maximum medical improvement. 11) Complete disability certification forms objectively, accurately and in a timely manner. 12) Beware of hidden patient agendas and secondary gain from disability." In the case of this injured worker, the work status has been temporary total disability. The worker has documentation of severe mood disorder and major depression that is industrially related. The requesting provider would like to perform a disability evaluation and this is suitable under ODG.