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| Case Number: | CM15-0057286 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 08/04/2014 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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, New York, California

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 applicant is a represented 43-year-old who has filed a claim for chronic low back, knee, hip, ankle, and foot pain reportedly associated with an industrial injury of August 4, 2014. In Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator referenced a progress note and RFA form of February 23, 2015 in its determination. The applicant's attorney subsequently appealed. The applicant had apparently received some sort of functional capacity evaluation on January 8, 2015, it was incidentally noted, the results of which were not clearly reported. It did not appear, furthermore, that the applicant was working as of that date. In a February 23, 2015, progress note, several topical compounded medications were prescribed. The applicant was given a 30-pound lifting limitation. It was suggested that the applicant's employer was unable to accommodate said limitation. Electrodiagnostic testing, a functional capacity evaluation, topical compounds, acupuncture, electrical stimulation, infrared therapy, diathermy, myofascial release therapy were proposed. The applicant had completed 22 sessions of physical therapy through this point in time, it was acknowledged. Multifocal complaints of knee, ankle, foot and low back pain were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability. In this case, however, the applicant was seemingly off of work, on total temporary disability, on February 23, 2015. It was not clear, in short, why functional capacity testing was proposed in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.