

Case Number:	CM13-0061868		
Date Assigned:	03/03/2014	Date of Injury:	02/23/2012
Decision Date:	09/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year-old patient sustained an injury on 3/23/12. The request under consideration includes a functional improvement measure of 30 days. Diagnoses includes Knee sprain. The patient also continues to be treated for chronic mid/lower back pain. Conservative care has included medications, therapy, and modified activities/rest. Orthopedic consult of 8/26/13 had no recommendation for surgical intervention, and the patient has remained functionally unchanged and on total temporary disability (TTD) status. Hand-written report of 10/29/13 from the provider noted the patient with multiple pain symptoms involving the low back, knee, and toe rated at 3-8/10. Exam noted unchanged findings. Treatment included pain management referral, additional PT, functional improvement measures, and the patient remained off work on TTD status. The request was non-certified on 12/2/13 citing guideline criteria and a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL IMPROVEMENT MEASURE OF 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

Decision rationale: A current review of the submitted medical reports has not adequately demonstrated the indication to support for the request as the patient continues to be actively treated, and is on TTD status, without a return to work trial. Per the ACOEM Guidelines, there is little scientific evidence confirming the FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors, which would not determine the true indicators of the individual's capability or restrictions. As such, the request is not medically necessary.