

Case Number:	CM14-0113258		
Date Assigned:	08/01/2014	Date of Injury:	10/30/2013
Decision Date:	12/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 43 years old male who was injured on 10/30/2013 during a motor vehicle accident. He was diagnosed with lumbosacral and thoracic sprain/strain and lumbosacral radiculopathy. He was able to a few days later return to full duty at work with the use of over the counter medications and home exercises. Later, on 5/19/2014, the worker was seen by her orthopedic physician for an initial evaluation reporting working full time and taking over the counter pain killers as needed. He described his job as a Deputy Sheriff, with the required duties including driving, writing citations, making arrests, as well as some desk work while wearing 40 pounds of gear, but recently had been doing investigative work, which has helped his pain. He complained of continuous pain in his mid and low back area with radiation to legs and feet at times and occasional numbness and tingling in his legs and feet, but not in the prior two weeks. Physical examination included normal gait, tenderness and spasm of the paravertebral muscles. He was then recommended a functional capacity evaluation (FCE) fearing further injury during work. He was also recommended to have neurodiagnostics of the lower extremities and have a repeat lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: related to the trunk and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12; 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, who seems to have reached maximal medical improvement, was requested an FCE to help reduce risk of reinjury during his work activities. However, there was no specific report on failed attempts at returning to work (the worker has been full time since soon after his injury). Due to the worker not having any specifically detailed limitations reported regarding his work duties and the low likelihood, in the opinion of the reviewer, of an FCE being helpful only for the purpose of evaluation his abilities at work, which should now be apparent by the worker since he has been working in a variety of tasks and physical capacities since his injury, the FCE is not medically necessary.