

Case Number:	CM14-0115291		
Date Assigned:	09/16/2014	Date of Injury:	06/10/2013
Decision Date:	10/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 55-year-old male with a date of injury of July 10, 2013. The patient has chronic back and lower extremity pain. The patient has had physical therapy and continues to have pain. On physical examination lumbar range of motion is diminished. Mortise strength is diminished in the lumbar abdominals and trunk extensors. Deep tendon reflexes are absent at the ankles. Straight leg raising is positive. Physical therapy as total 22 visits. The patient also reports pain in the shoulders. At issue is whether functional capacity work hardening are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines chapter 5 pages 77 to 79

Decision rationale: There is no documentation the medical records that indicate it is necessary to determine the precise delineation of the patient's functional capacity. The medical records do

not indicate a need for functional capacity evaluation at this time. In many cases physician's can determine the patient's ability to perform certain activities. There is nothing in the medical records that indicate the rationale for performing a functional capacity evaluation at this time. The patient has shown some improvement with physical therapy. Request for functional capacity evaluation is not supported in the medical records. Therefore the request is not medically necessary.

Work Hardening x 2-3 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-79.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines> pages 125-126

Decision rationale: Guidelines indicate that work hardening program requires documentation of a work-related musculoskeletal condition with functional limitations that precludes the patient's ability to safely perform current job demands. There must be documentation that the patient is not a candidate for surgery or other treatments. There must be documentation of her return to work old. The record submitted failed to include documentation that the patient has completed an adequate course of physical therapy which is followed by a failure to progress in physical therapy. The records also failed to include documentation that the patient is not a candidate for surgery. The records also do not include a work trial that has been established. Current documentation does not support guidelines for work hardening program. The request for work hardening x 2-3 weeks is not medically necessary.