

Case Number:	CM14-0118407		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2010
Decision Date:	10/07/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/28/2014

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 licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic 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:

The injured worker is a 59 year old individual with an original date of injury of 6/9/10. The mechanism of this industrial injury was not provided. The patient has received physical therapy and chiropractic treatment. The disputed issue is a request for a functional capacity examination. There is no documentation of the patient actively participating in the suitability of a particular job and what the physical expectations of that job might be. There are no noted unsuccessful attempts to return to work, or conflicting medical reports regarding the patient's ability to return to work. The supplied report indicates the patient has pain rated at 7-8/10 VAS in a number of body areas; therefore the patient is not close to maximum medical improvement. The request does not meet the standards set forth in the Official Disability Guidelines. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

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. 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 (ODG).
FUNCTIONAL CAPACITY EVALUATION

Decision rationale: Since the CA MTUS does not address the issue specifically, the Official Disability Guidelines are utilized. The Guidelines recommend a functional capacity examination under particular conditions, including: when a worker is actively participating in the suitability of a particular job, if there has been unsuccessful attempts to return to work, conflicting medical reports or if the patient is close to maximum medical improvement. In this case, there is no documentation of the patient seeking a particular job, unsuccessful attempts to return to work or conflicting medical reports. It is clear the patient is not close to maximum medical improvement when pain scales are noted at 7-8/10 VAS. In fact, the physician requested evaluation for a potential hernia, which would seem to affect the results of a functional capacity evaluation. The request does not meet the standards set forth in the Official Disability Guidelines. Therefore this request is not medically necessary.