

Case Number:	CM14-0143649		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2014
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 65-year-old male who was reportedly injured on 01/08/2014. The mechanism of injury is indicated as spinal injury related to bouncing up and down inside a forklift, while performing the usual and customary duties of his occupation as a The last progress report, dated 08/12/2014, noted the injured worker reported occipital/temporal headaches after hitting his head. The injured worker denied loss of consciousness. Pain was rated at 5/10 and lower back pain radiating down the left lower extremity was rated at 7/10. The physical examination revealed decreased cervical spine range of motion and a positive Spurling's test. The cervical paraspinal muscles were tender to palpation with associated mild spasm on the right. There was decreased lumbar spine range of motion with paraspinal muscle tenderness. Straight leg raise testing and a Braggard's sign were positive on the left. The injured worker was diagnosed with posttraumatic headache, cervical sprain, mild spasm and lumbar sprain. A request was made for a functional capacity evaluation and was not certified on 08/25/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) ; Functional Capacity Evaluations (FCE) ACOEM Guidelines; pages 137-138

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 American College of Occupational and Environmental Medicine (ACOEM), <http://apg-i.acoem.org/Browser/TreatmentSummary.aspx?tsid=12>

Decision rationale: According to the American College of Occupational and Environmental Medicine, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. Considering this, the request for a functional capacity evaluation is not medically necessary.