

Case Number:	CM14-0144357		
Date Assigned:	09/12/2014	Date of Injury:	08/31/2007
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of August 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier multilevel lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for a functional capacity evaluation, invoking non-MTUS ODG Guidelines and non-MTUS Chapter 7, ACOEM Guidelines, both of which the claims administrator mislabeled and misrepresented as originating from the MTUS. The applicant's attorney subsequently appealed. The functional capacity evaluation at issue was apparently sought via a Request for Authorization Form dated August 18, 2014. In a progress note of the same date, August 18, 2014, the applicant presented with multilevel neck, shoulder, low back, hip, and knee pain status post earlier lumbar and cervical spine surgeries. The applicant stated that her walker had recently collapsed, resulting in her falling. The applicant was off of work, it was acknowledged, and was still smoking, it was further stated. The applicant was using morphine, prednisone, and tizanidine. The applicant was overweight, with a BMI of 29. Weakness was noted about the upper and lower extremities. Unspecified medications were renewed. There was no explicit discussion of the need for functional capacity testing. In a June 18, 2014 progress note, the applicant's spine surgeon placed the applicant off of work, on total temporary disability.

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 Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, it is not readily evident why it is necessary to formally quantify the applicant's impairment in this manner. The applicant is off of work, on total temporary disability. It does not appear that the applicant has a job to return to, nor does it appear that the applicant is intent on returning to the workplace and/or workforce. It is unclear why formal quantification of the applicant's residual abilities and capabilities is needed in the context present here. The attending provider made no explicit mention of the need for the proposed functional capacity evaluation in his August 18, 2014 progress note. Therefore, the request is not medically necessary.