

Case Number:	CM14-0149065		
Date Assigned:	09/18/2014	Date of Injury:	12/27/2011
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/13/2014

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 Texas and Ohio. 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 60-year-old female who reported an injury on 12/21/2011. The mechanism was a slip and fall. On 03/11/2014, the injured worker presented with complaints of lumbar spine pain radiating to the left buttock and lateral thigh. Upon examination, cervical range of motion values were 40 degrees of flexion, 50 degrees of extension, 70 degrees of right rotation, 70 degrees of left rotation, 40 degrees of right lateral bending, and 40 degrees of left lateral bending. Range of motion values to the lumbar spine were 40 degrees of flexion, 20 degrees of extension, 20 degrees of left lateral bending, and 20 degrees of right lateral bending. The diagnoses were herniated disc in the lumbar spine, lumbar spinal stenosis, lumbago, sciatica, lumbar radiculitis/neuritis, lumbar facet arthropathy, sacroiliac joint arthropathy, traumatic arthropathy of the left pelvis, arthropathy of the left pelvis and thigh, effusion of the left pelvis and thigh, and pain in the left pelvis and thigh. The injured worker had a previous total hip replacement in 05/2014. The provider recommended a functional capacity evaluation. The provider's rationale was not provided. The Request for Authorization was not included in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) Functional capacity evaluation that was completed on 06/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ACOEM guidelines, 2004, 2nd Edition, Chapter 7 page 138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Fitness For Duty, Functional Capacity Evaluation

Decision rationale: The request for (Retrospective) Functional capacity evaluation that was completed on 06/19/14 is not medically necessary. The California MTUS/ACOEM Guidelines state that functional capacity evaluations may be necessary to obtain a more precise designation of the injured worker's capabilities. The Official Disability Guidelines further state that a functional capacity evaluation is recommended and may be used prior to admission of a work hardening program with preference for assessment tailored to a specific job or task. Functional capacity evaluation are not recommended for routine use. There is a lack of documentation of objective findings upon physical examination demonstrating significant functional deficits. There is also a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress, as well as the efficacy of the prior treatments. As such, medical necessity has not been established.