

Case Number:	CM14-0172377		
Date Assigned:	10/23/2014	Date of Injury:	03/27/2013
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, Internal Medicine and is licensed to practice in Arizona. 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 48year old man with a work related injury dated 3/27/13 resulting in chronic pain in the lumbar, thoracic spine and right hip. The patient was evaluated by the primary provider on 9/19/14. At that time the patient complained of continued pain in the back and hip and the bottom of both feet. The physical exam showed para-vertebral muscle spasms. Kemp's, straight leg raise and Yoeman's tests were positive. The range of motion in the hip, lumbar and thoracic spine were decreased. The patient also complained of problems with sexual dysfunction, sleep problems and psychological issues. The provider noted the patient had reached a plateau in his improvement with conservative therapy and the request for a functional capacity evaluation was made. Under consideration is the medical necessity for a functional capacity evaluation (FCE) which was denied during utilization review dated 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty

Decision rationale: According to the ODG a FCE is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. An FCE is considered if case management is hampered by complex issues, timing is appropriate (when the patient is close to MMI and all key medical reports are secured and additional/secondary conditions clarified. A FCE is not recommended if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. In this case the injured worker has pending evaluations by multiple specialists and there is no documentation showing an ergonomic assessment has been arranged upon a return to work. The FCE is not medically necessary.