

Case Number:	CM14-0099957		
Date Assigned:	07/28/2014	Date of Injury:	07/02/2011
Decision Date:	10/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family 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 48 year old male whose date of injury is 07/02/2011. The injured worker was pushing a 300 pound patient in a wheelchair down a ramp and developed a sharp pain in the lower back and abdomen. Note dated 07/10/14 indicates that treatment to date includes diagnostic testing, epidural steroid injections, chiropractic, acupuncture, and medication management. Diagnoses are lumbar spine sprain/strain, left knee sprain/strain, and rule out abdominal hernia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: Based on the clinical information provided, the request for initial Functional Capacity Evaluation is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no clear rationale provided to support the

requested evaluation. There is no documentation of prior unsuccessful return to work attempts as required by the Official Disability Guidelines. It is unclear if the injured worker is being recommended for a work hardening/chronic pain management program. Given the current clinical data, the requested Functional Capacity Evaluation is not medically necessary.