

Case Number:	CM13-0069907		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2012
Decision Date:	03/30/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a DOI MVA 09/19/2012. The patient's brakes went out on him and he sustained significant injuries including concussion, a detached retina, crushing chest injury with multiple rib fractures on both sides with a pneumothorax, fracture of lower leg with fractures of both fibula and tibia and an L5 vertebral fracture. The patient has undergone numerous PT and Chiropractic sessions in conjunction with an active HEP. The claimant complains of blurred vision in the right eye, headaches and constant moderate low back pain. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness, lumbar spasm, positive Chems test bilaterally, and positive straight leg raising bilaterally. Treatment has included acupuncture, physical therapy, medication, and activity modification. The treating provider has requested a final functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations and ODG, FCE

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The medical records do not provide a clinical rationale that establishes the medical necessity of the request of a final FCE. According to the guidelines, an FCE may be indicated as a criterion for assessment of a patient prior to initiating a work hardening program. This patient has not participated in such a program, and the guidelines do not suggest a final evaluation is recommended as a part of a standard course of care. The medical records do not demonstrate such an evaluation would significantly alter or impact this patient's course of care. It is reasonable that adequate assessments can be performed by his treating physician. Medical necessity for a functional capacity evaluation has not been established. The requested service is not medically necessary.