

Case Number:	CM15-0113268		
Date Assigned:	06/19/2015	Date of Injury:	03/04/2014
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 37-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 4, 2014. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve a request for a Functional Capacity Evaluation. The claims administrator referenced a RFA form of May 11, 2015 and an associated progress note of April 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing neck and back pain complaints. The attending provider acknowledged that the applicant had relatively minor findings on MRI imaging of the same. A topical compounded medication was endorsed. A 30-pound lifting limitation was renewed. The attending provider did not state whether the applicant was or was not working with said limitation in place. On March 30, 2015, the attending provider stated that the applicant was attempting to return back to work, suggesting that the applicant was not, in fact, presently working with the same, unchanged 30-pound lifting limitation in place. In a progress note dated November 17, 2014, the same, unchanged, 30-pound lifting limitation was renewed. The attending provider acknowledged that the applicant was off of work, on total temporary disability. The applicant's employer was unable to accommodate said limitation, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Trunk, Upper Extremities, Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: No, the request for a Functional Capacity Evaluation was not medically necessary, medically appropriate, or indicated here. 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 to determine work capability, in this case, however, the applicant was off of work as of the date of the request. The applicant's employer was unable to accommodate previously suggested limitations. It did not appear that the applicant had a job to return to. It did not appear that the applicant's limitations would be appreciably altered as a result of the proposed FCE. It was not clearly established or clearly stated why, in short, a functional capacity testing was proposed in the clinical and vocational context present here. Therefore, the request is not medically necessary.