

Case Number:	CM15-0141042		
Date Assigned:	07/30/2015	Date of Injury:	08/20/2013
Decision Date:	11/12/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 injured worker is a 64-year-old male, who sustained an industrial injury on August 20, 2013, incurring upper and lower back injuries. He was diagnosed with multilevel cervical degenerative disc disease, cervical herniations, and multilevel lumbar disc disease with disc herniation. Treatment included medication management, physical therapy, chiropractic sessions, electrical stimulation, massage therapy, cryotherapy and moist heat. A temporary relief of pain symptoms was rest. Currently, the injured worker complained of soreness, stiffness, tenderness, pain, weakness in the cervical spine and lumbar spine. He rated his pain 5 out of 10 on a pain scale from 0 to 10. He was noted to have tenderness and limited range of motion of the neck and lower back. He noted reduced functional abilities, including activities of daily living, ambulation, standing, prolonged sitting and carrying objects. The injured worker noted increased functional capacity at home. The treatment plan that was requested for authorization on July 14, 2015, included retrospective review of a functional capacity evaluation for the date of service of September 26, 2014. On June 26, 2015, a request for a functional capacity evaluation was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review: functional capacity evaluation DOS 9-26-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation.

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/Functional Capacity Evaluations and Other Medical Treatment Guidelines ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances, the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.