

Case Number:	CM15-0070542		
Date Assigned:	04/20/2015	Date of Injury:	11/22/2013
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female, who sustained an industrial injury on 03/16/2014. The initial complaints or symptoms included low back and right hip pain because of cumulative trauma. The injured worker was diagnosed as having a muscle spasm, but was later diagnosed with bone-on-bone disease of the right hip. Treatment to date has included conservative care, medications, x-rays, MRIs, right total hip arthroplasty, lumbar epidural steroid injections, nerve block injection, cortisone injections, electro diagnostic testing, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant is more than two years status post work-related injury. When seen by the requesting provider she was not having any pain and had not had pain for the previous month. She was released to unrestricted work. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant has no current work restrictions nor is there any documented inability to perform her regular job. Therefore, obtaining a functional capacity evaluation at this time is not medically necessary.