

Case Number:	CM15-0075841		
Date Assigned:	04/27/2015	Date of Injury:	05/20/2013
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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, Illinois

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:

This 54 year old man sustained an industrial injury on 5/20/2013. The mechanism of injury is not detailed. Evaluations include left hip x-rays. Diagnoses include cervicalgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, knee pain with degenerative joint disease, hip pain with degenerative joint disease, insomnia, and bilateral greater trochanteric bursitis. Treatment has included oral and topical medications and home exercise program. Physician notes dated 1/19/2015 show complaints of neck and back pain rated 8/10 with radiation to the bilateral legs and inguinal region. Recommendations include refill Butrans patch, Elavil, Omeprazole, and Naproxen, urinalysis, left hip injection, continue home exercise program, and follow up in four weeks. A note dated 4/1/2015 shows an addendum to the recommendation section of a report dated 1/5/2015, which is not included. It includes a request for a functional capacity evaluation.

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 functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/Fitness_For_Duty.htm#FunctionalCapacityeval)

uation) ACOEM guidelines (2nd edition, text, page 138).

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 evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 5/20/2013. The medical records provided indicate the diagnosis of cervicalgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, knee pain with degenerative joint disease, hip pain with degenerative joint disease, insomnia, and bilateral greater trochanteric bursitis. Treatment has included oral and topical medications and home exercise program. The medical records provided for review do not indicate a medical necessity for Functional capacity evaluation. Though the MTUS mentions the topic, it is not detailed and no criteria were discussed; therefore reference was made to the Official Disability Guidelines. Functional Capacity Evaluation is regarded as an invaluable tool in returning a worker to work if the case management has been hampered by difficulty in return to work or conflicting medical report on precautions and/or fitness for modified job. The Official Disability Guidelines recommends detailed information regarding the Functional Capacity evaluation; the guidelines recommend the evaluation be done in collaboration with the employer and it be job specific rather than general Functional Capacity evaluation. The Guidelines recommend the evaluation be done when the injured worker has reached maximal medical improvement. The records reviewed indicate there was no information regarding the purpose of the functional capacity evaluation, there was no collaboration with the employer and the request was not job specific. The records indicate that while the injured worker has reached maximal medical improvement regarding the knee, the worker has not reached maximal medical improvement regarding the back.