MAXIMUS Federal Services

Case Number:	CM15-0099355		
Date Assigned:	06/01/2015	Date of Injury:	04/03/2014
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 56-year-old male, who sustained an industrial injury on 04/03/2014. According to a progress report dated 05/11/2015, subjective complaints included low back pain and left leg numbness; ventral umbilical hernia. He was still having sciatic nerve pain. Objective findings included weakness of the extensor hallucis longus muscle and a positive straight leg raise with diminished light touch at the right S1 dermatome. The injured worker was still symptomatic and status post umbilical hernia repair. MRI of the lumbar spine showed multiple level 2-millimeter protrusions. Diagnoses included umbilical hernia and lumbar strain rule out weak radiculopathy-multiple level 2-millimeter protrusions. The provider requested authorization for a functional capacity evaluation. The injured worker was to remain off work until the next office visit. Prescriptions included Tylenol #3, Prilosec and a stool softener. The treatment plan included physical therapy. Currently under review is the 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 ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Fitness for Duty Procedure Summary Online Version (updated 09/23/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: According to the 05/11/2015 report, this patient presents with "Sciatic Nerve Pain." The current request is for Functional Capacity Evaluation. The request for authorization is on 05/11/2015. The patient's work status is "remain off work until nest visit." Regarding Functional/Capacity Evaluation, ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In reviewing of the provided reports, the treating physician does not explain why FCE is crucial, and it is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. The request is not medically necessary.