

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	7/25/2008
IMR Application Received:	7/26/2013
MAXIMUS Case Number:	CM13-0003569

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional capacity evaluation **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a functional capacity evaluation **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, low back pain, bilateral shoulder pain, reflux, sleep disturbance, and abdominal pain reportedly associated with an industrial injury of July 25, 2008.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work.

Specifically reviewed is a May 30, 2013 appeal letter in which the attending provider states that he is requesting an FCE to improve the likelihood that the applicant will be safe in subsequent job performance. In a May 14, 2013, functional capacity evaluation, it is suggested that the applicant is a former packager who should given a 21% whole person impairment rating.

An April 26, 2013 progress note suggested that the applicant remains off of work, on total temporary disability.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for a functional capacity evaluation :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Functional improvement measures, page 48, which is part of the MTUS and the Official Disability Guidelines, (ODG), Fitness for Duty Chapter, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, Independent Medical Examinations and Consultations Chapter, Chapter 7, pages 137-138, which is not part of the MTUS.

Rationale for the Decision:

The ACOEM guidelines indicate that functional capacity evaluations are deliberately simplified evaluations that are not an accurate representation of what an patient can or cannot do in the workplace. Functional capacity evaluations are highly effort dependent and merely reflect what an patient chooses to perform on a certain day. In this case, the records reviewed indicate the employee remains off of work, on total temporary disability. There is no evidence that there is a job to return to or that the employee intends to return to work at any point in the near future. There is no evidence of prior unsuccessful return to work trials that might make a case for functional capacity evaluation testing. **The request for a functional capacity evaluation is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.