

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	12/16/2009
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005852

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 12/16/2009. A Notice of Assignment and Request for Information was provided to the above parties on 8/1/2013. 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 **function 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 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 patient is a 55 year old man who in October 2009 injured his neck and shoulder moving a heavy beam. He has had multiple shoulder surgeries and bilateral Caparl tunnel releases. He has had physical therapy, cervical ESI, had an EMG, and is on oral medications including flexeril, Celebrex, and gabapentin. He is requested an FCE to determine work status. He is pending another cervical ESI and there is no documentation of current work restrictions other than the patient is not working.

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
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for function capacity evaluation:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, which is not part of MTUS, pages 127-146.

The Expert Reviewer based his/her decision on on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, which is not part of MTUS, pages 127-146.

Rationale for the Decision:

ACOEM 2004 does discuss FCE in its chapter regarding independent medical evaluation and consults. ACOEM does not recommend FCE for evaluating the individuals work capability as it is a one day test that may not accurately depict the individual's work. As the FCE is under controlled conditions, it does not accurately reflect what the individual may do in a day to day setting at work. The employee is pending cervical epidural steroid injection for which the employee has had good results in the past. The employee is starting new medications and is not near maximum medical improvement. The treating physician has not attempted to document any work restrictions and there has been no attempt to return to work. **The request for function 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

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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.