

Case Number:	CM13-0032077		
Date Assigned:	12/04/2013	Date of Injury:	05/17/2011
Decision Date:	01/31/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 5'6", 229 lbs, 54 year-old female that was injured on 5/17/2011. She was diagnosed with: lumbar strain or sprain; lumbar facet syndrome; trochanteric bursitis; lumbosacral radiculopathy; and chronic pain. On the 8/15/13 report, [REDACTED] (PM&R) requests a CT scan of the left knee for evaluation of the post-knee replacement, and a functional capacity evaluation to determine physical limitations so she can consider different job opportunities or Social Security Disability.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, pgs. 137-138.

Decision rationale: The ACOEM guidelines for Functional Capacity Evaluation (FCE) states : "The examiner is responsible for determining whether the impairment results in functional

limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question" ...and "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments." There was no discussion as to why the Provider was not able to ask the employee about his/her work functions, ADLs, or measure range of motion of the knee or test strength. The MTUS guidelines indicate these are functional improvement measures. ACOEM states the examiner is responsible for determining the functional limitations, and states that there is little evidence to support that FCE's predict an individual's actual capacity to perform in the workplace. The ACOEM guidelines do not appear to support the functional capacity evaluations, but do require the examining physician to provide an opinion on functional limitations. The MTUS guidelines list functional improvement measures, that are typically provided by the physician to document treatment efficacy and for work limitations. The FCE for Social Security Disability eligibility does not appear to be in accordance with ACOEM guidelines.