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| Case Number: | CM13-0035799 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 10/06/2011 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Arizona. 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/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:

The patient is a 32-year-old female who sustained an injury on 10/6/11. The patient has multiple issues involving the ankles, shoulders, right knee, cervical spine, and upper and lower back. She has diagnoses of chondromalacia of the patella, wrist strain, hand strain/sprain, cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement and tear of the medial meniscus. She is still actively being treated for right knee pain and lumbosacral radiculopathy. She has spasm, tenderness, and guarding in the paravertebral muscles of the cervical and lumbar spine with loss of spinal motion. Request is made for functional capacity evaluation to assess her physical abilities and provide her with appropriate restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation for the Trunk and Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: According to ODG, a functional capacity evaluation should be done close to maximum medical improvement (MMI) with all key medical reports secured. The MTUS

guideline states in the evaluation of any injured worker, functional capacity evaluation may be required to show capacities below an employer verified physical demands analysis. This patient is still undergoing active treatment for her knee and an epidural steroid injection was requested for the lumbosacral area. Problems in these areas will affect the results of the capacity evaluation of her trunk and upper extremities, for example, ability to lift and carry, and these results may change once the patient is at MMI for all her problems. Since the patient is not close to MMI for all her medical issues, a functional capacity evaluation is not medically necessary