

Case Number:	CM13-0036124		
Date Assigned:	12/13/2013	Date of Injury:	11/03/2011
Decision Date:	09/17/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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.h

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 43-year-old female, who reported injury on 11/03/2011. The mechanism of injury was the injured worker was working in a field and tripped on a metal stake and fell. The diagnoses included sprain of foot unspecified site, sprain of lumbar spine, and enthesopathy of the hip. The injured worker's medications were noted to include tramadol ER 1 per day, Prilosec 1 per day, Zanaflex 1 per day for muscle spasms, and Terocin cream. The diagnostic studies were noted to include an MRI of the lumbar spine and electrodiagnostic studies of the lower extremities. The prior treatments were noted to include acupuncture. The documentation of 06/27/2013 revealed the injured worker had right knee and bilateral hip pain. The pain was rated as 7/10 to 8/10. The injured worker reported persistent anxiety and depression secondary to the chronic pain. The physical examination revealed the injured worker had a positive McMurray's, creating medial joint line pain on the right knee. Additionally, there was positive joint line tenderness. The strength was 4+/5 in the right quadriceps and hamstrings. The right hip examination revealed mild tenderness over the trochanteric bursa, positive faber test, Gaenslen's test, and distraction test. The injured worker had mild tenderness over the trochanteric bursa of the left hip, a positive faber test, Gaenslen's test, and distraction test. The documentation indicated the injured worker had x-rays of the bilateral knees showing mild degenerative joint disease; the bilateral sacroiliac joints revealed moderate degenerative joint disease. The diagnoses included bilateral trochanteric bursitis, bilateral SI dysfunction right worse than left, and right knee chondromalacia patella. The injured worker had persistent and severe right foot pain and therefore a request was made for a podiatry consult. Additional treatments included acupuncture for the right knee and bilateral hips and a psychology consult as well as laboratory studies. There was no physician progress note submitted requesting the

functional capacity evaluation, nor was there a Request for Authorization submitted for the requested 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. There was a lack of documentation indicating the injured worker had an unsuccessful attempt to return to work and the documentation that all secondary conditions had been clarified or the worker was close to maximum medical improvement. Given the above, the request for Functional Capacity Evaluation is not medically necessary.