

Case Number:	CM13-0041388		
Date Assigned:	12/20/2013	Date of Injury:	06/02/1993
Decision Date:	07/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/14/2013

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 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 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 injured worker is a 65-year-old who was reportedly injured on June 2, 1993. The mechanism of injury was catching a falling engine. The most recent progress note dated October 16, 2013, indicated there were ongoing complaints of right shoulder and bilateral knee pains. The physical examination demonstrated range of motion of the right knee at 0 to 120 with painful patellofemoral crepitus. There was tenderness along the medial and lateral joint lines and muscle strength of 4/5. Examination the left knee noted range of motion of 0 to 110 mild anterior as well as varus/valgus instability. Examination the right shoulder noted decreased range of motion and a positive cross arm and a positive impingement test. Diagnostic imaging studies objectified bilateral well positioned total knee arthroplasty. The treatment plan included continuation with a home exercise program and consideration for a right shoulder subacromial steroid injection. There was also a request for a motorized scooter, physiotherapy, and ongoing pain management. Previous treatment included bilateral total knee arthroplasty and a home exercise program. A request was made for a functional capacity evaluation for the cervical, thoracic, and lumbar spine and was not certified in the pre-authorization process on October 1, 2013.

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 cervical, thoracic, and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

Decision rationale: According to the the Chronic Pain Medical Treatment Guidelines, inclusion in a functional restoration program for chronic pain program should include evidence that an adequate and thorough evaluation has been made, including baseline functional testing so followup with the same test can note functional improvement, previous methods of treating chronic pain had been unsuccessful, there was an absence of other options likely to result in significant clinical improvement and that the patient has a significant loss of ability to function independently resulting from the chronic pain. Although, this is a request for a functional capacity evaluation for the cervical, thoracic, and lumbar spine, the most recent progress note, dated October 16, 2013, does not even indicate that the injured employee has any complaints of neck or back pain but only mentions knee pain and right shoulder pain. Furthermore, no baseline functional testing has been performed, and it has not been stated that there was significant loss of ability to function independently. The request for a functional capacity evaluation or the cervical, thoracic, and lumbar spine is not medically necessary or appropriate.