

Case Number:	CM13-0047436		
Date Assigned:	12/27/2013	Date of Injury:	09/28/2007
Decision Date:	02/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 60-year-old male who reported an injury on 09/28/2007. The injury was noted to have occurred when the patient was moving a large mixture and the axle broke and he was forced to support all the weight on his left leg. He was diagnosed with knee sprain. His recent office notes indicate that the patient had tenderness at his knee, as well as crepitus, and a plan was noted for a total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE)

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation is recommended prior to admission to a work hardening program; however, functional capacity evaluations are not recommended for the sole purposes of determining a worker's effort or compliance, or if the patient has returned to work and an ergonomic assessment has not been arranged. The clinical information submitted for review failed to provide an indication for a

functional capacity evaluation. The most recent office notes provided gave very little detail or contained illegible notes indicating that the patient was waiting for a total knee replacement. In the absence of a clear indication for a functional capacity evaluation, the request is not supported.

One (1) range of motion (ROM) test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines-Low Back, Lumbar Nd Thoracic (Acute & Chronic) updated 5/10/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexibility

Decision rationale: According to the Official Disability Guidelines, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way." The guidelines state that computerized measures of lumbar spine range of motion which can be done with inclinometers are not recommended. As the guidelines do not support computerized measurements of range of motion, the request is not supported.

one (1) muscle test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines-Low Back, Lumbar Nd Thoracic (Acute & Chronic) updated 5/10/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Flexibility

Decision rationale: According to the Official Disability Guidelines, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical, and inexpensive way." The guidelines state that computerized measures of lumbar spine range of motion which can be done with inclinometers are not recommended. As the guidelines do not support computerized measurements of motor strength, the request is not supported.