

Case Number:	CM13-0071878		
Date Assigned:	01/08/2014	Date of Injury:	04/11/2012
Decision Date:	05/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Practice and is licensed to practice in New Jersey. 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 43-year-old male who injured his left knee on 11/21/2012 while working as a construction laborer. He has since been experiencing chronic pain in his left knee and lower back from what was diagnosed as left knee patellofemoral pain and lumbar radiculopathy in the records provided. According to the notes provided, the patient was also diagnosed with lumbar strain with radiculopathy with a disc protrusion and neuroforaminal narrowing of the L4 nerve root at L4-5 and lumbar facet arthropathy at L4-5 and L5-S1 based on exam and MRI (magnetic resonance imaging) study. Following his injury, the patient also complained of constipation, gastro-intestinal upset, headaches, stress, anxiety, fear, insomnia, and poor concentration related to the physical pain in his left knee. The patient appears to have had group counseling for this. He was also given Ativan and Ambien for his anxiety and insomnia. On 10/30/13, he was released to return to work with the limits on kneeling and/or squatting with limited lifting (up to 10 pounds), limited pushing, and limited pulling. The pain was rated at a 7-8/10 on the progress notes from his treating physicians, which also stated that he required only non-steroidal antiinflammatory drugs (NSAIDs) for his pain. After failing conservative treatment in the form of chiropractic treatments, physical therapy, oral and topical pharmacologic, as well as home exercises, during the first year after the injury, the worker still experiences pain in his lower back radiating to his legs as well as still experiencing significant pain in his left knee. He was referred Final Determination Letter for IMR Case Number CM13-0071878 3 to a pain specialist, who discussed options with the worker, but the worker ended up electing to defer any other treatments besides NSAID use on 11/1/13. A request for a functional capacity evaluation was made on 12/5/13 after the worker had been recommended he return to work with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12, 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The Official Disability Guidelines (ODG) provides more detail as to which situations would benefit from an FCE, and how to make a request for such. The ODG states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful return to work (RTW) attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximum medical improvement (MMI) with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In this case, there is no record found in the documents provided by the treating physicians of the worker qualifying for or requiring an FCE. In the notes provided, no record was found stating how the worker had been functioning at his workplace with the work restrictions, and what specific tasks or duties were needed for evaluation as part of the FCE. Considering these factors in the case of this worker, and that the research on the utility of the FCE is so far not good, the FCE is not medically necessary.