

Case Number:	CM14-0005890		
Date Assigned:	02/05/2014	Date of Injury:	10/19/2007
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 58 year-old male who has filed a claim for thoracic and lumbar sprain associated with an industrial injury date of October 19, 2007. Review of progress notes reports neck pain radiating to the upper back and shoulders, low back pain radiating to the mid back. Low back pain is accompanied by numbness, weakness, tingling, and burning. Patient also complains of worsening left knee pain associated with swelling, popping, and clicking, and episodes of giving way. Findings include hypertonicity, spasms, tenderness, and trigger points in the thoracic and lumbar regions. There was also positive lumbar facet loading bilaterally. With regards to the left knee, there was tenderness, swelling, and limited range of motion. McMurray's and Patellar apprehension tests were positive bilaterally. Patient also experiences depression, anxiety, and insomnia. Mention of an x-ray of the left knee from November 2013 showed possible loose bodies in the suprapatellar bursa and suspicion of patellar tendon ossification. Treatment to date has included opioids, physical therapy, epidural steroid injections, lumbar laminectomy, and total left knee replacement in June 2009. Utilization review from December 20, 2013 denied the request for functional capacity evaluation as there is no documentation that the patient is entering a Work Hardening Program or has failed prior return to work attempts and for referral to orthopedic surgeon as there is no documentation of imaging or electrophysiological evidence of a lesion that would benefit from surgical repair. There is modified certification for psychological evaluation and psychiatric 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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 chapter, Functional capacity evaluation (FCE)

Decision rationale: According to the Official Disability Guidelines (ODG), functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. In this case, there is no documentation regarding admission to a work hardening program, or a specific job for which the patient is returning to. Therefore, the request for functional capacity evaluation is not medically necessary and appropriate.

REFERRAL TO ORTHOPEDIC SURGERY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 285,305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations Chapter 6, pages 127,156

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is an appeal letter stating that an x-ray was performed in November 19, 2013 showing possible loose bodies in the suprapatellar bursa. An orthopedic consult is reasonable at this time to look into the patient's left knee signs and symptoms for further management options. Therefore, the request for referral to orthopedic surgery was medically necessary.

PSYCHOLOGICAL EVALUATION AND TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines pages Page(s): 100-101.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this case, there is no description regarding patient's anxiety and depression symptoms. Therefore, the request for psychological evaluation and testing was not medically necessary.

PSYCHIATRIC EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-389.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127 AND 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is no description as to the patient's psychiatric symptoms of anxiety and depression, such as the onset, severity, and previous management strategies. Therefore, the request for psychiatric evaluation and treatment was not medically necessary.