

Case Number:	CM14-0011699		
Date Assigned:	02/21/2014	Date of Injury:	12/28/2011
Decision Date:	06/27/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 64-year-old female with a reported date of injury on 12/28/2011. The mechanism of injury was a fall. The injured worker presented with left knee, lumbosacral spine, and right wrist pain. Upon physical examination the injured worker's right wrist range of motion revealed flexion to 55 degrees, extension to 61 degrees, ulnar deviation to 27 degrees, and radial deviation to 16 degrees. The injured worker's lumbar range of motion revealed flexion to 48 degrees, extension to 5 degrees, left lateral flexion to 17 degrees, and right lateral flexion to 15 degrees. In addition, the injured worker had positive Lasegue's test, Braggard's test, Fabere's test, Ely's test, Kemp's test, Milgram's test, and Valsalva test at the lumbar spine. The injured worker's left knee range of motion revealed flexion to 76 degrees with positive varus and valgus tests. According to the documentation provided for review, the injured worker underwent physical therapy in 2012 after the initial injury. There is a lack of documentation related to the physical therapy. According to the clinical note dated 01/06/2014, an MRI of the lumbar spine was requested on that date, the results of which were not available with the clinical information available for review. A Request for Authorization of the Functional Capacity Evaluation was submitted on 02/14/2014. According to the clinical note dated 01/06/2014, the physician noted that he was requesting chiropractic care/physical therapy and a Functional Capacity Evaluation to utilize objective measurements of range of motion, and muscle strength to assess the injured worker's current radicular symptoms into the upper and lower extremities, and ability to return to work status.

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 MTUS: ACOEM, CHAPTER 7 INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine guidelines state, the content of the functional capacity examination should include, the demands related to the injured worker's job description, how the medical condition may adversely affect the employee's ability to perform job, the need for rehabilitation and the use of functional capacity evaluation to translate medical impairment into functional limitations and determine work capability. According to the documentation provided for review, the injured worker was prescribed chiropractic care and physical therapy, the documentation of the effectiveness was not available within the clinical information provided for review. The clinical information provided for review lacks documentation of the requirements and limitations related to the injured worker's work responsibilities. The results of the physical therapy evaluation were not available for review, which would make the need for a functional capacity evaluation unclear. Therefore, the request for Functional Capacity Evaluation is not medically necessary and appropriate.