MAXIMUS Federal Services

Case Number:	CM14-0018840		
Date Assigned:	04/23/2014	Date of Injury:	10/24/2013
Decision Date:	07/03/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old female who sustained industrial-related injuries on 10/27/13 and in the past on February 7, 2001 and September 12, 1997. She is diagnosed with (a) lumbar spine sprain and strain with bilateral lower extremity radiculopathy, disc bulge 3-mm L4-L5, 2-mm L5-S1 with disc degenerative disease, osteoarthritis L5-SI, as per MRI scan dated August 11,2009, and (b) status post bilateral knee surgeries, left side in 1992 and 1994, right side in 200 I, osteoarthritis. There is a request for one functional capacity evaluation. Per the 11/27/2013 progress report, the patient complained of severe left knee pain with buckling and giving way and a pinching sensation at the lower back with numbness and tingling into the left lower extremity. She stated that she had completed five aquatic therapy sessions with improved movement of the left knee and low back.There is a 12/5/13 progres report which states that the patient fell on 10/25/13 at work injuring her lumbosacral spine and both knees. The patient states that she was doing better after the Synvisc to her knees. The physical exam revealed right and left knee flexion of 120 degrees.There is patellofemoral crepitus and tenderness to palpation bilateral medial and lateral patella and soft tissues. The treatment plan states that patient was doing better on Synvisc and the new injury is under a new claim as of 10/24/13.Per documentation she is on temporary total disability from 10/24/13 through 3/16/14.A 12/9/13 lumbar MRI revealed moderate facet arthropathy at L5-Sl with no central canal narrowing. There is also facet arthropathy at L4-L5 and L3-L4. At L5-Sl, there are 3-mm biforaminal disc protrusions with abutment of the exiting right and left L5 nerve roots. A 12/30/13 MR arthrogram of the left knee reveals that there is marked osteoarthritis. There are large spurs and there are large areas of cartilage loss in all three compartments.There is a small focal tear of the

lateral meniscus at the junction of the anterior horn and body.There is degenerative fibrillation of the posterior horn of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management,Chronic Pain Treatment Guidelines.

Decision rationale: The ACOEM MTUS Guidelines state that one may consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. An FCE is not as effective when the referral is less collaborative and more directive. The ODG states to consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, and if the patient is at or close to MMI and all key medical reports secured or if secondary conditions need clarification. The documentation does not indicate that the patient is actively pursuing the suitability of a particular job that she is close to MMI, that there are conflicting medical reports on fitness for duty. The documentation does not meet the criteria recommended by the ODG for an FCE. Furthermore patient had her most recent injury on 10/24/13 and had recent aquatic therapy and management of her pain from this injury. An FCE performed on 12/17/13 is premature from this date of most recent injury and would not give an accurate assessment of her abilities. One functional capacity evaluation (retrospective performed on 12/17/2013) is not medically necessary per the MTUS ACOEM and the ODG Guidelines.