

Case Number:	CM14-0156209		
Date Assigned:	09/25/2014	Date of Injury:	03/15/2012
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 underlying date of injury in this case is 03/15/2012. The date of the utilization review under appeal is 09/16/2014. The patient's treating diagnoses include a lumbar sprain with possible herniated nucleus pulposus as well as right knee osteoarthritis status post arthroscopy with possible internal derangement. On 09/13/2014, the patient was seen in primary treating physician follow-up. The patient reported ongoing low back pain at 8/10 and right knee pain at 8/10, worse with activities of daily living and repetitive use and improved with medication and therapy. The patient reported clicking, popping, and locking of her right knee as well as left knee pain due to compensation. The patient felt that omeprazole was effective with abdominal discomfort. An orthopedic evaluation was pending. The Functional Capacity Evaluation was recommended to be considered for permanent and stationary purposes if the patient was not deemed to be a surgical candidate for repeat surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation, Work Hardening, Page(s): 125.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses Functional Capacity Evaluations in the context of work hardening on page 125. Functional Capacity Evaluation is indicated only after all other diagnostic and therapeutic options have been exhausted and when a patient has plateaued in treatment short of the ability to return to a specific job of medium or higher physical demand. The medical records indicate that orthopedic consultation is pending. Therefore, it is not clear that therapeutic options have been exhausted. Moreover, it is not clear what specific job the patient would propose to return to, and it is not clear if there is concern about the patient's ability to perform that job, nor is the specific job description for that position available. For these multiple reasons, a Functional Capacity Evaluation would not be supported at this time based on the medical records and treatment guidelines. This request is not medically necessary.