MAXIMUS Federal Services

Case Number:	CM14-0156894		
Date Assigned:	09/26/2014	Date of Injury:	03/23/2004
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 injured worker is a 49-year-old male who reported injury on 03/23/2004. The mechanism of injury was not provided. The injured worker's diagnoses included status post left knee replacement with persistent pain, right knee degenerative joint disease with persistent pain, postlaminectomy syndrome of the lumbar spine, and chronic opioid dependency. The injured worker's past treatments included bracing and surgery. The injured worker's diagnostic testing was not provided. The injured worker's surgical history included left knee replacement, laminectomy of the lumbar spine, and lumbar spine fusion, on unknown dates. On the clinical note dated 09/02/2014, the injured worker complained of back pain and persistent knee pain bilaterally. The injured worker had restricted range of motion to the lumbar spine secondary to pain and previous fusion. On the clinical note dated 08/25/2014, the injured worker's medications included OxyContin 80 mg every 8 hours and Norco 10/325 mg every 6 hours for breakthrough pain. The request was for functional capacity evaluation. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/27/2014.

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 ACOEM Occupational Medicine Practice Guidelines, Second Edition (2004), Chapter 7, page 511

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures, Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation.

Decision rationale: The request for functional capacity evaluation is not medically necessary. The injured worker is diagnosed with status post knee replacement with persistent pain, right knee degenerative joint disease with persistent pain, postlaminectomy syndrome of the lumbar spine and chronic opioid dependency. The injured worker complained of back pain and persistent knee pain. The California MTUS Guidelines recommend functional improvement measures. The guidelines state the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The evaluation should show work functions and/or activities of daily living, self report of disability, and objective measures of the patient's functional performance in the clinical period. The ODG guidelines recommend prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. The rationale for the request was not provided. The medical records lack documentation indicating the injured worker's admission to work hardening program. The injured worker's medical records lack documentation of efficacy of conservative care. The injured worker's medical records do not indicate the trial and failure of medications, or physical therapy in a quantitative method of pain relief and functional status. As such, the request for functional capacity evaluation is not medically necessary..