

Case Number:	CM14-0158520		
Date Assigned:	10/02/2014	Date of Injury:	01/19/2014
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 has a subspecialty in Interventional Spine 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 20 years old male with an injury date on 01/19/2014. Based on the 08/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Knee strain 2. LS Neuritis or Radiculitis According to this report, the patient complains of "ongoing pain in the lower and right knee. It radiates up and down back and into back of thighs." The pain is described as aching, stinging, radiating and stabbing that is rated as a 6/10. Bending, carrying, crouching, lying own, menstrual cycle, moving from sitting to standing, pulling, pushing, reaching, sitting more than 20 minutes, standing more than 20 minutes, stooping, stress, taking stairs, and walking more than 25 minutes would exacerbates the pain. Physical exam reveals motor strength of the bilateral hip flexion is 4/5, and right knee extension is 4/5. Achilles tendon reflex are 1+ bilaterally. SI joint compression test is positive. There were no other significant findings noted on this report. The utilization review denied the request on 08/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/12/2014 to 08/11/2014.

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 Practice Guidelines, Chapter 7

Independent Medical Examinations and Consultations, page 132-139 and Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 7, p137-139, Functional Capacity Evaluation

Decision rationale: According to the 08/11/2014 report by [REDACTED] this patient presents with "ongoing pain in the lower and right knee. It radiates up and down back and into back of thighs. "The treating physician is requesting functional capacity evaluation. The utilization review denial letter states, "There is no documentation of a specific job description, or position that is available to the claimant to substantiated necessity for this evaluation." Regarding Functional/Capacity Evaluation (FCE), ACOEM Guidelines page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial. It is not requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.