

Case Number:	CM14-0165922		
Date Assigned:	11/12/2014	Date of Injury:	11/05/2013
Decision Date:	12/31/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 60 year old male with a history of low back and right knee pain related to a fall on 11/05/2013 when he stepped into a hole in the ground. An orthopedic progress note of 6/24/2014 indicates low back pain rated 3/10, numbness and tingling of both lower extremities, right knee pain rated 5/10 with numbness and tingling into the foot. On examination there was tenderness to palpation in the lumbar area. He was not able to heel and toe walk due to knee pain. History of diabetes, hypertension, and hyperlipidemia was noted. No x-rays or other diagnostic tests are documented. The worker was treated with physical therapy/ chiropractic 3 x 6, and medication. Chiropractic notes of 8/27/2014 document intermittent low back pain, decreased lumbar range of motion and tenderness. The right knee was tender medially and range of motion was decreased. McMurray caused pain. He was advised to return to work with restrictions. Detailed examinations and imaging studies for the lumbar spine or the right knee are not included. The disputed request pertains to a functional capacity evaluation for myalgias/ myositis, a functional capacity evaluation for lumbar pain, and a functional capacity evaluation for right knee pain. This was denied by Utilization Review as he is already working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the myalgia/myositis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCEs). Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, page(s) 21 and 22 Official Disability Guidelines (ODG) Section: Fitness for duty, Topic: Functional capacity evaluation

Decision rationale: California MTUS guidelines indicate consideration for a functional capacity evaluation when it is necessary to translate medical impairment into functional limitations to determine work capacity. ODG guidelines recommend FCE when there is evidence of a prior unsuccessful return to work attempt or if there is conflicting medical reporting on precautions or fitness for a particular job or modified job or if the patient's injuries are such that detailed exploration of the worker's abilities is required. FCE is also recommended prior to work hardening with assessments tailored to a particular job if the worker is interested in determining the suitability of that job. It is not effective as a directive but more effective when it is job specific. The documentation indicates that the injured worker is already working with restrictions and there is no particular job for which a functional capacity evaluation is needed. There are no conflicting reports from physicians about his restrictions or ability to work. No prior unsuccessful return to work attempts is documented. Based on the above guidelines a functional capacity evaluation is not medically necessary.

Functional capacity evaluation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCEs). Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter4, page(s) 21 and 22 Official Disability Guidelines (ODG) Section: Fitness for Duty, Topic: Functional capacity evaluation

Decision rationale: California MTUS guidelines indicate consideration for a functional capacity evaluation when it is necessary to translate medical impairment into functional limitations to determine work capacity. ODG guidelines recommend FCE when there is evidence of a prior unsuccessful return to work attempt or if there is conflicting medical reporting on precautions or fitness for a particular job or modified job or if the patient's injuries are such that detailed exploration of the worker's abilities is required. FCE is also recommended prior to work hardening with assessments tailored to a particular job if the worker is interested in determining the suitability of that job. It is not effective as a directive but more effective when it is job specific. The documentation indicates that the injured worker is already working with restrictions and there is no particular job for which a functional capacity evaluation is needed. There are no conflicting reports from physicians about his restrictions or ability to work. No prior

unsuccessful return to work attempts are documented. Based on the above guidelines a functional capacity evaluation is not medically necessary.

Functional capacity evaluation for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCEs). Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness For Duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 4, page(s) 21 and 22 Official Disability Guidelines (ODG) Section: Fitness for duty, Topic: Functional capacity evaluation

Decision rationale: California MTUS guidelines indicate consideration for a functional capacity evaluation when it is necessary to translate medical impairment into functional limitations to determine work capacity. ODG guidelines recommend FCE when there is evidence of a prior unsuccessful return to work attempt or if there is conflicting medical reporting on precautions or fitness for a particular job or modified job or if the patient's injuries are such that detailed exploration of the worker's abilities is required. FCE is also recommended prior to work hardening with assessments tailored to a particular job if the worker is interested in determining the suitability of that job. It is not effective as a directive but more effective when it is job specific. The documentation indicates that the injured worker is already working with restrictions and there is no particular job for which a functional capacity evaluation is needed. There are no conflicting reports from physicians about his restrictions or ability to work. No prior unsuccessful return to work attempts are documented. If the right knee symptoms persist despite chiropractic treatment and physical therapy additional evaluation with imaging studies and possible viscosupplementation or corticosteroid injections may be needed. Based on the above guidelines a functional capacity evaluation is not medically necessary.