

<b>Case Number:</b>	CM14-0185709		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 worker was injured at work and remained working symptomatic until December 13, 2013. The injured worker was working on a roof when a heavy tarp fell onto his feet and legs. His current diagnosis is right knee sprain/stain rule out internal derangement. Currently, the injured worker complains of frequent right knee pain with occasional going out. Prolonged standing and walking aggravates the pain. A total of seven physical therapy notes were included in the record. Physical therapy note dated August 14, 2014, stated that the injured worker has increased medial strength and reduced sharp pain level. The pain was reported to be 5 out of 10. The injured worker was noted to be making good progress towards established goals. A request was made for an initial functional capacity evaluation. On October 1, 2014, utilization review denied the request citing California MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention, Guidelines Assessing Red Flags and Indication for Imm.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: < Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach :( a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. There is no documentation that the patient condition requires functional capacity evaluation. There is no strong scientific evidence that functional capacity evaluation predicts the patient ability to perform his work. In addition, the provider should document that the patient reached his MMI. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for Functional Capacity Evaluation. Therefore, the request for Initial Functional Capacity Evaluation is not medically necessary.