

Case Number:	CM14-0031428		
Date Assigned:	04/09/2014	Date of Injury:	09/07/2011
Decision Date:	05/27/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Anesthesiology and Pain Management and is licensed to practice in California, Maryland and Washington, DC. 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 71 year old female injured worker with date of injury of 9/7/11. Per the 12/5/13 report, she complained of residual left-sided knee pain after undergoing surgical intervention in July 2013. The wound has healed well and there is no sign of infection; however, she did complain of residual pain with weakness. She was not provided with postoperative physical therapy. Her diagnoses include cervical sprain/strain, lumbosacral radiculopathy, and knee tendinitis/bursitis. She has been treated with surgery and medication management. A functional capacity evaluation was requested.

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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 21-22.

Decision rationale: The ACOEM guidelines state that a functional capacity evaluation may be recommended to translate medical impairment into functional limitations to determine work

capability. The Official Disability Guidelines state that a functional capacity evaluation can be recommended if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the employee has had prior unsuccessful return to work attempts, that the employee requires a modification for return to work, or that the employee has additional injuries which require detailed exploration of the employee's abilities. As the criteria are not met, the requested functional capacity evaluation is not medically necessary or appropriate at this time.