

Case Number:	CM14-0034318		
Date Assigned:	06/25/2014	Date of Injury:	05/06/2013
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Pennsylvania. 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 53 year old female who sustained bilateral hand and feet occupational injuries dated 05/06/13 while engaged in usual driver duties over rough terrain. The patient works a full time 40-hour week driving railroad employees to various job sites-25 miles per day. The injured worker is exposed to outdoor temperature extremes, awkward positioning, prolonged sitting while driving, driving on all surfaces, and repetitive manual activities. A variety of treatments were received to include: prescribed medications such as-Norco, Tramadol, Flurbiprofen, Gabapentin, Ambien, and Amitriptyline. Physical therapy and acupuncture have also been provided. Bilateral knee MRI scans of 8/14/13 demonstrate tricompartmental osteoarthritic changes. The 8/14/13 bilateral foot MRI scans show plantar fasciitis and calcaneal spurring. The 7/11/13 upper extremity electrodiagnostic study showed mild right carpal tunnel syndrome and bilateral (Right greater than left) chronic active C5-6 radiculopathy. The prior 7/18/13 Functional Capacity Evaluation indicates the patient is unable to resume usual occupational duties. Based upon the most recent physician evaluation dated 10/08/13 for bilateral knee pain, the patient demonstrates clinical findings of bilateral knee tricompartmental osteoarthritis. There is mildly limited bilateral knee flexion to 120 degrees and a positive patellar grind test bilaterally. The injured worker is prescribed her usual medications.

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 2nd edition Chapter 7 Independent Medical Examinations and Consultations pg 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 132-139.

Decision rationale: The requested Functional Capacity evaluation (FCE) is not medically necessary because the submitted documentation available for review does not indicate that a specific job description is available for this patient as required by the above-cited evidence-based criteria.