

Case Number:	CM14-0056452		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2010
Decision Date:	09/09/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 09/05/2010. The mechanism of injury was not provided. Prior treatments included a right anterior cruciate ligament repair in 2011 followed by postoperative therapy and Supartz injections. The medications included topical medications. The documentation of 03/17/2014 revealed the injured worker had complaints of increased pain to the left hip. The objective findings revealed the injured worker had pain. The rest of the examination was handwritten and difficult to read. The diagnosis included insomnia, unspecified anxiety, enthesopathy of the hip, and enthesopathy of the knee. The treatment plan included an MRI of the left hip and right knee, physical therapy 2 times a week times 6 weeks, acupuncture 2 times for 6 weeks, and a Functional Capacity Evaluation for the left hip and the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 125-126.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The ACOEM guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the injured worker had a prior unsuccessful attempt to return to work or had a conflicting medical report. Additionally, there was a lack of documentation indicating that all secondary conditions had been clarified, as the request had been made for an MRI and physical therapy. Given the above, the request for Physical performance test is not medically necessary.