

Case Number:	CM14-0061497		
Date Assigned:	07/11/2014	Date of Injury:	05/16/2013
Decision Date:	08/28/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Practice and is licensed to practice in California. 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 claimant is a 61 year old male who sustained a work injury on 5/16/13 involving the knees and back. He was diagnosed with lumbar disc syndrome, lumbar spine radiculitis and chronic pain in the knees. He had undergone therapy, TENS unit use and oral analgesics. A progress note on 9/30/13 indicated the claimant had 7/10 pain. Exam findings were notable for a dull ache in the back that worsened with activities. The left knee had numbness with radiation to the left lower leg and left foot. There was reduced range of motion of the lumbar spine and knees. There was loss of sensation in the L1-S1 dermatomes. The treating physician requested a functional capacity evaluation and a follow-up every 6-8 weeks (up to 16 sessions) to determine disability and objective improvement for potential future work capacity. In addition, the treating physician requested an MRI (magnetic resonance imaging), EMG (electromyography), DME (durable medical equipment) for functional restoration and a surgical consultation for the knee.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain programs Page(s): 30-32.

Decision rationale: According to the MTUS guidelines, Functional Capacity Evaluation (FCE) falls under Chronic Pain Programs. The criteria for an FCE must be met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change. In this case, the claimant will be getting an MRI and orthopedic consultation for possible knee surgery. DME equipment will be provided for improving ADLs. Based on the above, there are still other options being considered before all are exhausted. Based on the treatment plan, the request for an FCE is not medically necessary.