

Case Number:	CM14-0080681		
Date Assigned:	07/18/2014	Date of Injury:	12/22/2010
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine, 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 patient is a 26-year-old male who has submitted a claim for myofascitis, anxiety, cervical and lumbar disc syndrome, and lumbar pain associated with an industrial injury date of December 22, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of pain in the lumbar spine and bilateral knees. Physical examination revealed a normal gait. There was slightly diminished range of motion in the lumbar spine as well as tenderness, and facet loading on the left L4-5 and L5-S1. The bilateral knees have normal range of motion but with some crepitus noted. There was tenderness on the medial and lateral joint lines of the patellae. An MRI of the right wrist dated 3/16/12 showed a small ganglion cyst at the volar aspect of the trapezoid. A cervical MRI study dated 4/21/12 revealed straightening of the cervical spine; early disc desiccation from C2-3 to C6-7; and disc protrusions at C3-4 and C4-5. An MRI of the lumbar spine performed on the same day revealed transitional vertebra taken at S1; straightening of the lumbar spine; early disc desiccation at L5-S1; disc protrusions at L4-5 and L5-S1; and bilateral neural foraminal stenosis at L5-S1. The left and right knee MRI showed grade II signal involving the body and posterior horn of the meniscus. The left shoulder MRI revealed lateral down-sloping of the acromion process with narrowing of the acromio-humeral space, likely to result in impingement. The left knee MRI study dated 1/22/14 revealed partial thickness tear of the ACL; tendinosis of the patellar tendon; and an incompletely visualized well defined appearing intermediate proton density signal lesion at the medial aspect of the proximal tibial diaphysis most likely representing an old benign osseous lesion such as a non-ossifying fibroma. Treatment to date has included medications, work/activity restrictions, home exercises, physiotherapy and medications. Utilization review from May 1, 2014 denied the request for Functional Capacity Evaluation because the records failed to demonstrate prior unsuccessful return-to-work attempts to substantiate the request.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Chapter: Fitness for Duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139.

Decision rationale: As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, recent evaluations stated that the patient may have reached maximum medical improvement. However, the records did not demonstrate that the patient had prior unsuccessful return-to-work attempts to substantiate the request. Therefore, the request for Functional Capacity Evaluation is not medically necessary.