

Case Number:	CM14-0088761		
Date Assigned:	07/23/2014	Date of Injury:	03/19/2011
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/12/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; opioid therapy; muscle relaxants; earlier knee arthroscopy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for a functional capacity evaluation, invoking non-MTUS ODG Guidelines. The claims administrator, furthermore, erroneously stated that the MTUS did not address the topic. In a progress note dated May 28, 2014, the applicant presented with 4-8/10 bilateral knee and low pain. The applicant posited that ongoing usage of medications was ameliorating her ability to perform activities of daily living, including cooking, cleaning, and self-care. Norco and Norflex were endorsed. The applicant was already permanent and stationary, it was acknowledged. In an earlier progress note of April 30, 2014, the applicant reported persistent complaints of knee pain. The applicant had limping from time to time. The applicant was using Norco and Flexeril but was still having pain with squatting and bending activities, it was stated. The applicant was given a 16% whole-person impairment rating. The applicant was given prescriptions for Norco and Flexeril. Permanent work restrictions were endorsed, including a 5-pound lifting limitation. The attending provider stated that functional capacity testing would help to quantify the applicant's limitations.

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 Official Disability Guidelines , Fitness for Duty Chapter , Online Version: Functional capacity evaluation (FCE); Guidelines for performing and FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity testing when necessary to quantify medical impairment into limitations and restrictions, in this case, however, the applicant has already been given permanent work restrictions through a permanent and stationary report. The applicant is no longer working, it is further noted. The applicant did not appear to have a job to return to. It is unclear what role functional capacity testing would serve in the context of the foregoing. It is uncertain why functional capacity testing is being sought when the applicant no longer has a job to return to and does not, furthermore, appear to be intent on returning to the workplace. Therefore, the request is not medically necessary.