MAXIMUS Federal Services

Case Number:	CM14-0191463		
Date Assigned:	11/25/2014	Date of Injury:	05/13/2011
Decision Date:	01/29/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional spine 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 55 year old female with an injury date of 05/13/11. Based on the 12/19/13 progress report, the patient has bilateral knee pain. Both knees have tenderness to palpation at the medial/lateral joint line and patellofemoral crepitus with flexion and extension. She has bilateral severe osteoarthritis, right more symptomatic than left. The 01/16/14 report states that the patient ambulates with a cane for her right knee. The 09/01/12 MRI of the right and left knee revealed the following:1.Oblique tear of the posterior horn of the medial meniscus2.Tricompartmental chondromalacia 3.Postsurgical scar tissue with Hoffa's fat pad4.Mucoid degeneration within the bodies of lateral menisci5.Tricompartmental osteoarthritis6.Joint effusion The patient was diagnosed with severe osteoarthritis. The utilization review determination being challenged is dated 10/23/14. There were two treatment reports provided from 12/19/13 and 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capabity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with bilateral knee pain and severe osteoarthritis. The request is for a FUNCTIONAL CAPACITY EVALUATION. The report with the request was not provided. MTUS does not discuss functional capacity evaluations. Regarding Functional/Capacity Evaluation, ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace."There is no discussion provided regarding the patient's work status. In this case, the report with the request was not provided and it is unknown if the request was from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. In this case, there is no discussion provided on the requested functional capacity evaluation and the treater does not explain why FCE is crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested Functional Capacity Evaluation IS NOT medically necessary.

Follow-Up for Neurospinal consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with bilateral knee pain and severe osteoarthritis. The request is for a FOLLOW-UP FOR NEUROSPINAL CONSULT. The report with the request was not provided.ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, while the patient is diagnosed with severe osteoarthritis, there are no spinal conditions discussed in the reports nor any explanation for the request. The requested follow-up for neurospinal consult IS NOT medically necessary.