

Case Number:	CM15-0001025		
Date Assigned:	01/12/2015	Date of Injury:	05/02/2011
Decision Date:	03/12/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 52 year old female who sustained a work related injury on May 2, 2011, while working as a nurse's aide falling and injuring her right knee and lower back. X rays were obtained and medication and physical therapy were prescribed. On May 3, 2012, she underwent a right knee arthroscopy followed with physical therapy and medications. On October 29, 2013, she underwent a right knee replacement surgery followed by rehabilitation therapy and physical therapy. On January 29, 2014, she complained of lower back pain and right leg pain and was referred for Magnetic Resonance Imaging (MRI) and electromyogram studies. Currently, the injured worker complains of continuous pain in the back with right leg swelling, numbness and tingling of the right foot. She is intolerant of activities of daily living. Pain and rest provide pain improvement but she remained symptomatic especially in cold weather. She is currently taking Hydrocodone for pain relief. Diagnostic impressions were intractable lumbar pain, lumbar radiculopathy and history of right knee arthroplasty. On December 23, 2014, Utilization Review non-certified one functional capacity evaluation between November 24, 2014 and February 15, 2015, noting the Official Disability Guidelines. A functional capacity evaluation is recommended prior to admission to a Work Hardening program and actively participating in determining the suitability of a particular job.

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 (ODG), Functional capacity evaluation (FCE), Fitness for duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitness for Duty-Functional Capacity Evaluation (FCE)

Decision rationale: According to the ODG a functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. An FCE is considered if case management is hampered by complex issues, timing is appropriate (when the patient is close to MMI and all key medical reports are secured and additional/secondary conditions clarified. An FCE is not recommended if the sole 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. In this case the documentation doesn't support that the patient is being evaluated for a WH program.