

Case Number:	CM15-0002558		
Date Assigned:	01/13/2015	Date of Injury:	10/04/2011
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/06/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of October 4, 2011. In a Utilization Review Report dated January 5, 2015, the claims administrator denied a functional capacity evaluation. The claims administrator noted that the applicant had had earlier knee surgery, had had extensive physical therapy, had undergone both left and right total knee arthroplasty procedures and had undergone a right knee manipulation under anesthesia procedure. The claims administrator noted that the applicant had alleged pain complaints secondary to cumulative trauma at work. A December 12, 2014 progress note was referenced in the determination. In a progress note dated June 24, 2014, the attending provider acknowledged that the applicant was off of work, on total temporary disability. The applicant had various medical and mental health issues. The applicant exhibited a visibly antalgic gait and was using a cane. The attending provider stated that the applicant would likely be unable to return to his former work as a janitor. The attending provider sought authorization for a multidisciplinary pain program/functional restoration program. 7/10 knee pain was reported. In a subsequent progress note dated December 5, 2014, the applicant reported persistent complaints of left and right knee pain, exacerbated by standing and walking. The applicant was using a cane to move about. 5-/5 lower extremity strength was noted. X-rays of the left knee demonstrated a stable prosthesis. The applicant remained permanent and stationary, it was acknowledged. The attending provider stated that the applicant would be unable to return to work. The applicant was

described as no longer intent on attending a functional restoration program. The attending provider stated that a functional capacity evaluation was needed to help close his case.

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 ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 137

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening topic Page(s): 125.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation can be considered when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, it did not appear that the applicant was working with previously imposed permanent limitations. It is not clear how the proposed functional capacity evaluation would influence or alter the treatment plan as the applicant has already been deemed permanent and stationary. It was not clearly stated why the proposed functional capacity evaluation was being sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that a functional capacity evaluation can be employed as a precursor to enrollment in a work hardening and/or work conditioning program, in this case, however, the applicant does not appear to be intent on enrolling in work hardening and/or work conditioning. The applicant indicated in December 2014 that he was not interested in participating in a functional restoration program. Earlier progress notes suggest that the applicant was no longer working. For all of the stated reasons, then, the proposed functional capacity evaluation is not medically necessary.