MAXIMUS Federal Services

Case Number:	CM15-0004160		
Date Assigned:	01/15/2015	Date of Injury:	02/18/2011
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/08/2015

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: California, New York, Florida
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 reported an injury on 02/18/2011. The mechanism of injury was not stated. The current diagnoses include cervical, thoracic, and lumbar spine strain; left sided cervical radicular syndrome; left sided lumbar radicular syndrome; strain injury to the left wrist; status post left shoulder arthroscopic surgery in 02/24/2014; cervical disc protrusion at C4-5; lumbar disc protrusion at L1-S1; status post closed manipulation of the left shoulder on 05/09/2012; and internal derangement of the left knee with probable tear of the lateral meniscus. The injured worker presented on 12/16/2014. It was noted that the injured worker has continued postoperative care, to include additional therapy for the left shoulder, which has been beneficial. Upon examination, the injured worker walked with a non antalgic gait. There was tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscles of the cervical spine, flexion to 30 degrees, right and left lateral bending to 40 degrees, left and right rotation to 50 degrees, and extension to 30 degrees. Examination of the thoracic spine revealed mild tenderness to palpation with limited range of motion. Examination of the left shoulder revealed well healed arthroscopic incisions with grade 4/5 weakness and limited range of motion without obvious adhesive capsulitis. There was patchy decreased sensation in the left upper extremity, most notably in the C6 distribution. Examination of the lumbar spine revealed tenderness to palpation with limited range of motion, and a negative straight leg raise. Upon examination of the left knee, there was medial and lateral pain with McMurray's maneuver, mild patellofemoral irritability, and 4+/5 weakness. There was patchy decreased sensation in the left lower extremity, most notably in the L5 distribution.

Recommendations at that time included a left knee operative arthroscopy. There was no Request for Authorization form submitted for this review.

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), Fitness for Duty Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available, including functional capacity examination, when reassessing function and functional recovery. The Official Disability Guidelines recommend a functional capacity evaluation if case management has been hampered by complex issues, and the timing is appropriate. It is noted that the injured worker is pending authorization for a left knee arthroscopic surgery. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement. There is also no documentation of any previously failed return to work attempts. Given the above, the request is not medically appropriate.