

Case Number:	CM15-0004409		
Date Assigned:	01/15/2015	Date of Injury:	01/31/2014
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
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
 Certification(s)/Specialty: Emergency 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:

This 56 year old female sustained a work related injury on 01/31/2014. According to a progress report dated 08/15/2014, the injured worker complained of occasional intermittent mild, dull, achy low back pain and stiffness. Aquatic therapy helped increase range of motion. She also complained of intermittent moderate dull, achy, sharp right knee pain associated with standing and walking. Aquatic therapy helped increase range of motion. She still had popping and locking. Objective findings included decreased range of motion in the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles. Straight leg raise was positive. There was tenderness to palpation of the anterior knee, lateral knee, medial and posterior knee. McMurray's was positive. Diagnoses included lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, right knee internal derangement, right knee pain, right knee and sprain/strain. The injured worker was nearing maximum medical improvement and was not interested in invasive treatment. On 12/10/2014, Utilization Review non-certified final functional capacity evaluation for the lumbar, right knee and thigh. According to the Utilization Review physician, there was little scientific evidence confirming that functional capacity evaluations should predict an individual's actual capacity to perform in the workplace. Official Disability Treatment Guidelines state that functional capacity evaluations should be job specific and designed for the patient's occupation. Guidelines cited for this review included CA MTUS ACOEM Chapter 7 Medical Examinations and Consultations pages 132-139 and Official Disability Guidelines Fitness for Duty. The decision was appeal for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro final functional capacity evaluation for the lumbar, right knee/thigh: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 132-139 and Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): "The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138: Decision based on Non-MTUS Citation Fitness For Duty

Decision rationale: According to the Utilization Review physician, there was little scientific evidence confirming that functional capacity evaluations should predict an individual's actual capacity to perform in the workplace. Official Disability Treatment Guidelines state that functional capacity evaluations should be job specific and designed for the patient's occupation. Guidelines cited for this review included CA MTUS ACOEM Chapter 7 Medical Examinations and Consultations pages 132-139 and Official Disability Guidelines Fitness for Duty. The injured worker has occasional intermittent mild, dull, achy low back pain and stiffness. Aquatic therapy helped increase range of motion. She also complained of intermittent moderate dull, achy, sharp right knee pain associated with standing and walking. Aquatic therapy helped increase range of motion. She still had popping and locking. The treating physician has documented decreased range of motion in the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles. Straight leg raise was positive. There was tenderness to palpation of the anterior knee, lateral knee, medial and posterior knee. McMurray's was positive. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Retro final functional capacity evaluation for the lumbar, right knee/thigh is not medically necessary.