

Case Number:	CM15-0166511		
Date Assigned:	09/04/2015	Date of Injury:	08/17/2014
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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, New York, 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 39-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 17, 2014. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. The claims administrator referenced a July 14, 2015 progress note in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination. The applicant's attorney subsequently appealed. On July 21, 2015, the applicant reported ongoing complaints of knee and leg pain status post earlier knee surgery. The applicant was working with restrictions in place, it was reported. Zipsor was renewed. A functional capacity evaluation was endorsed. The attending provider suggested that the applicant was working at a rate of four hours a day.

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 2nd edition Chapter 7, Independent Medical Examinations & Consultations, page 137.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: No, the proposed functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and to determine work capability, here, however, the applicant had already been returned to work, it was reported on July 21, 2015. The applicant was working on a part-time basis with restrictions in place; it was suggested on that date. It was not clearly stated why an FCE was sought in the face of the applicant's already-successful return to part-time work. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of a functional capacity evaluation as a precursor to enrollment in a work hardening program, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of work hardening program based on the outcome of the study in question. Therefore, the request was not medically necessary.