

Case Number:	CM15-0168138		
Date Assigned:	09/08/2015	Date of Injury:	04/10/2013
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56-year-old female, with a reported date of injury of 04-10-2013. The mechanism of injury was the result of a trip and fall, landing on her knees and wrists. The injured worker's symptoms at the time of the injury included immediate pain in both wrists and both knees. The diagnoses include patellofemoral malalignment of the right knee, bilateral carpal tunnel syndrome, and tear of medial cartilage or meniscus of bilateral knees. Treatments and evaluation to date have included right knee arthroscopy with patelloplasty, subcutaneous lateral release, partial medial meniscectomy, partial synovectomy, and arthrotomy of the right knee with a medial capsular reconstruction on 01-27-2015. The diagnostic studies to date have included an MRI of the left elbow on 02-24-2015 which showed mild-to-moderate tendinosis of the common flexor tendon with a low-grade intrasubstance tear, grade 1 sprain, mild tendinosis of the common flexor tendon, mild subcutaneous swelling, and small subchondral cyst with mild subchondral swelling in the radial aspect of the ulnotrochlear joint; and an MRI of the left shoulder on 02-24-2015 which showed posterosuperior labral tear, mild to moderate supraspinatus tendinosis, mild intraspinatus tendinosis, and supraspinatus tears. The injured worker underwent electrodiagnostic studies of the right upper extremity which showed advance carpal tunnel syndrome of the right wrist according to the medical report dated 12-17-2014. The re-examination report dated 07-08-2015 indicates that the injured worker continued to complain of persistent pain in her bilateral wrists and bilateral knees. The physical examination showed mild distress, tenderness about her bilateral hands and wrists, and about her bilateral knees. X-rays of the bilateral hands and knees showed no progression of degenerative changes. There was

documentation that the treating physician reviewed the injured worker's job description, and felt that it was necessary that she underwent a functional capacity evaluation to assess her level of impairment and determine any necessary work restrictions in order to prevent further injury at the work place in the future. A copy of the injured worker's work description was not provided. The injured worker's work status was not indicated. According to the progress report dated 05-27-2015, the injured worker stated that her bilateral knee and bilateral wrist symptoms had worsened in the past month. She rated her pain 8 out of 10. The objective findings include difficulty extending the left knee, pain to the left thigh, left shoulder pain with overhead activities; locking of the left elbow; and stiffness to the cervical spine causing headaches. The injured worker had been instructed to return to modified work on 05-28-2015 with restrictions. The treating physician requested a functional capacity evaluation. The date of the request for authorization was 07/16/2015. On 07-22-2015, the Utilization Review non-certified the request for a functional capacity evaluation due to the lack of a job description and no indication of prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that required detailed exploration of the injured worker's abilities.

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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE: 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts; b. Conflicting medical reporting on precaution and/or fitness for modified jobs; c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate; a. Close or at MMI/all key medical reports secured; b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.