

Case Number:	CM15-0186860		
Date Assigned:	09/28/2015	Date of Injury:	10/02/2006
Decision Date:	11/06/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58 year old female who sustained an industrial injury on 10-02-2006. According to a partially legible handwritten progress report dated 06-01-2015, the injured worker presented to request change in work restrictions. She felt that she was well enough to work normal hours with current work restrictions. Symptoms were described as mild, moderate, intermittent, dull, sharp, ache and soreness. Objective findings included right hip sacroiliac joint tender, negative Faber's and decreased range of motion. Diagnoses included status post right knee re-do total knee replacement, right total arthroplasty, lumbar spine sprain, piriformis edema fibrosis probable sciatic nerve entrapment and right hip greater trochanteric bursitis. Current medications included Norco and Zanaflex. Pain with medications was rated 2 on a scale of 1-10. Pain without medications was rated 8. Duration of relief was 4 hours. Prescriptions written included Norco and Zanaflex. The provider noted that the injured worker had been working 6 hours per day for the past year without adverse effects. She was still able to work with her current restrictions as her employer was accommodating her. Work restrictions included no lifting over 10 pounds, no repetitive bending or stooping, limited standing no more than 15 minutes per hour, no kneeling or climbing and allow to sit or stand as needed for pain. On 09-18-2015, Utilization Review non-certified the request for a functional capacity evaluation date of service 11-18-2010-08-23-2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation, DOS: 11/18/10-08/23/12: 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), Low Back Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional Capacity Evaluation, DOS: 11/18/10-08/23/12 is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The documentation does not reveal reveal complex work issues or conflicting medical reports or that further exploration if required of the injured worker's abilities. It is unclear why the patient needs an FCE. The request for a functional capacity evaluation is not medically.