

Case Number:	CM15-0190359		
Date Assigned:	10/02/2015	Date of Injury:	08/05/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California

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 39 year old female, who sustained an industrial injury on 08-05-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for headaches, low back pain, lumbar disc displacement, lumbar radiculopathy, right knee pain with a medial meniscus tear, right ankle joint derangement, abdominal pain, anxiety, sleep disorder, and mood disorder. Medical records (03-19-2015 to 08-21-2015) indicate ongoing headaches rated 6 out of 10 on a visual analog scale (VAS) in severity, radiating low back pain in to the bilateral lower extremities rated 5-6 out of 10 in severity, residual right knee pain rated 7-8 out of 10 in severity, right ankle pain with spasms rated 6 out of 10 in severity, and abdominal pain and discomfort. Other complaints included anxiety, stress, insomnia, and depression. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-21-2015, revealed pain with heel walking, able to squat 15% of normal due to pain, tenderness to palpation over the bilateral "PSISs", bilateral lumbar guarding, 2+ tenderness to palpation noted at the sacro- tuberos ligaments, restricted range of motion (ROM) in the lumbar spine, positive straight leg raises bilaterally, restricted ROM in the right knee and right ankle, tenderness to palpation over the medial and lateral joint lines of the right knee, tenderness to palpation over the anterior talofibular ligament, positive McMurray's, Lachman's and Apley's compression tests of the right knee, positive Varus and anterior and posterior drawer tests of the right ankle, slightly decreased sensation in the bilateral L4, L5 and S1 dermatomes, and mildly decreased strength in all muscle groups of the lower extremities. Relevant treatments have included; right knee surgery physical therapy (PT), epidural steroid injections with slight relief, work restrictions, and medications. The request for authorization (08-25-2015) shows that the

following evaluation was requested: functional capacity evaluation (FCE). The original utilization review (08-31-2015) non-certified the request for FCE.

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 Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function and on the Non-MTUS Official Disability Guidelines (ODG), Pain (Chronic), Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Functional restoration programs (FRPs).

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.