

Case Number:	CM15-0203815		
Date Assigned:	10/20/2015	Date of Injury:	11/28/2006
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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 51 year old female who sustained an industrial injury on 11-28-06. The medical records indicate that the injured worker is being treated for low back pain; right knee pain; right hip pain. She currently (10-6-15) complains of lumbar pain radiating down the side of the body, right hip and knee. She continues to fall because of bilateral knee pain and back pain unchanged. The 7-21-15 progress note indicates a pain level of 8 out of 10 (Her pain level in 3-1015 was 8 out of 10 and has been 7-8 out of 10 form 2-2015 through 10-2015. On physical exam (8-13-15) of the lumbar spine there was diffuse tenderness with spasms and guarding, moderate to severe facet tenderness along L3 through S1, limited range of motion in all planes, decreased sensation in the L4 and L5 dermatomes on the right, muscle weakness of the big toe extensors and knee extensors. She had an MRI of the right hip (3025015) unremarkable. Treatments to date include medication: Lyrica, gabapentin which were stopped due to major side effects of swelling (per 7-21-15 note), Nucynta, Xanax, Soma, Flexeril, Dulcolax. The request for authorization dated 10-7-15 was for 1 functional capacity evaluation. On 10-12-15 Utilization Review non -certified the request for 1 functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 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), Functional capacity evaluation (FCE).

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: One (1) functional capacity evaluation 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. An FCE should be considered per ODG if the patient is near MMI. There are no documents revealing complex work issues or that this patient is near MMI. It is unclear why the patient needs an FCE. The request for a functional capacity evaluation is not medically necessary.