

Case Number:	CM15-0209380		
Date Assigned:	10/28/2015	Date of Injury:	01/14/2015
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on January 14, 2015, incurring low back and left knee injuries. A left knee Magnetic Resonance Imaging revealed degeneration of the ACL, medial meniscus tear and lateral meniscus tear. He was diagnosed with derangement of the lateral and medial meniscus, cervical disc disease, cervical radiculopathy, and lumbosacral radiculopathy. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic ointment, cervical and lumbar epidural steroid injections, surgical right knee arthroscopy, physical therapy, and modified activities. Currently, the injured worker complained of ongoing chronic pain in the lower back and left knee. He noted clicking and instability during ambulation and climbing stairs. His back pain was rated 5 out of 10 on a pain scale from 1 to 10 and his knee pain 3 to 4 out of 10. He complained of back pain radiating down the upper and lower extremities with numbness, tingling and weakness. He had difficulty the his activities of daily living with prolonged sitting, standing, walking, lifting, pushing, pulling, overhead and over the shoulder activities. The injured worker continued to have episodes of anxiety and stress due to chronic pain and disability. The treatment plan that was requested for authorization included a functional capacity evaluation. On October 5, 2015, a request for a functional capacity evaluation was denied by utilization review.

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, Chapter 7 Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 137, Independent Medical Examinations and Consultations.

Decision rationale: The patient presents with ongoing chronic pain in the lower back and left knee. The current request is for functional capacity evaluation. The treating physician states, in a report dated 09/10/15, "I am also requesting authorization for a functional capacity evaluation to be performed in order to attempt to reduce the work modifications that have been provided to the patient, so that we can expedite return to work status for him to continue working without further aggravation of his industrial injuries." The ACOEM Guidelines on functional capacity evaluation pages 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do in a single day, at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. In this case, routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The medical records provided do not contain any request from the administrator or employer and the treating physician has not documented that the prescribed FCE is crucial for the medical treatment of this patient. The current request is not medically necessary.