

Case Number:	CM15-0030342		
Date Assigned:	02/24/2015	Date of Injury:	07/07/2004
Decision Date:	12/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 60 year old female who reported an industrial injury on 7-7-2004. Her diagnoses, and or impressions, were noted to include: low back pain; left knee sprain-strain; right knee degenerative disc disease; and lumbar spine radiculopathy. No current imaging studies were noted; MRI of the lumbar spine was done on 7-8-2014, noting abnormal findings; and x-rays of the bilateral knees on 7-1-2014. Her treatments were noted to include: an impairment rating on 10-13-2011; a panel qualified medical re-evaluation on 7-1-2014; a panel qualified medical evaluators permanent and stationary report on 8-19-2014; a home exercise program; orthopedic surgeon consultation; medication management; and rest from work. The progress notes of 1-22-2015 reported: left knee pain with popping; radiating low back pain rated 7 out of 10, to the right leg; and right knee pain. The objective findings were noted to include: tenderness to the bilateral knees and medial joint lines, and to the lumbar spine and paraspinal muscles. The physician's requests for treatment were noted to include a functional capacity evaluation. No Request for Authorization for a functional capacity evaluation was noted in the medical records provided. The Utilization Review of 1-30-2015 non-certified the request for a functional capacity evaluation.

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, Fitness for Duty.

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

Decision rationale: The injured worker sustained a work related injury on 7-7-2004. Her diagnoses include: low back pain; left knee sprain-strain; right knee degenerative disc disease; and lumbar spine radiculopathy MRI of the lumbar spine was done on 7-8-2014, noting abnormal findings; and x-rays of the bilateral knees on 7-1-2014. Her treatments were noted to include a home exercise program; orthopedic surgeon consultation; medication management; and rest from work. The medical records provided for review do not indicate a medical necessity for Functional capacity evaluation. The MTUS is not detailed on this topic; but the Official Disability Guidelines recommends that the criteria for Functional Capacity should include doing it near the time of maximal medical improvement; when information has been secured; when there is a problem returning an injured worker to work; if adequate information about the job is available; it should be job specific; the decision for Functional Capacity Evaluation should be collaborative. Although the medical records indicate the injured worker has attained Maximal Medical Evaluation, the records do not indicate the other conditions had been met. Therefore, the requested evaluation is not medically necessary.