

Case Number:	CM15-0045277		
Date Assigned:	03/18/2015	Date of Injury:	03/30/2013
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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 24 year old female, who sustained an industrial injury on 3/30/2013. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar degenerative disc disease, sciatica, cervical disc herniation, bilateral knee medial meniscus tear, chondromalacia of the patella in bilateral knee, bilateral shoulder rotator cuff syndrome, tendinitis/bursitis/capsulitis of the right foot, right foot plantar fasciitis of the right foot and depression/anxiety/insomnia. Treatment to date has included acupuncture and medication management. Currently, a progress note from the treating provider dated 1/26/2015 indicates the injured worker reported cervical, thoracic and lumbar pain, bilateral knee and shoulder pain and right ankle and foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quantity 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) - Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, pages 137-138.

Decision rationale: The patient presents with pain affecting the bilateral knee, bilateral shoulder, right ankle, right foot, and cervical, thoracic and lumbar spine. The current request is for Quantity Functional Capacity Evaluation. The treating physician report dated 1/26/15 (7B) states, "(The patient) needs to be evaluated for MMI and requires a qualified functional capacity evaluation prior to that exam." MTUS Guidelines do not discuss functional capacity evaluations. ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." The ODG guidelines state, "Do not proceed with an FCE if: The worker has returned to work and an ergonomic assessment has not been arranged." The treating physician released the patient to modified work duty on 1/26/15. In this case, there is no documentation found indicating that the employer or claims administrator was challenging the physicians work restrictions and they did not request an FCE. Furthermore, the ODG supports an FCE if the patient is close to MMI but only if the patient hasn't returned to work and the physician released the patient to work on 1/26/15. Therefore, the request is not medically necessary.

Range of Motion: 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: Computerized range of motion (ROM), See flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, ROM.

Decision rationale: The patient presents with pain affecting the bilateral knee, bilateral shoulder, right ankle, right foot, and cervical, thoracic and lumbar spine. The current request is for Range of Motion. The treating physician report dated 1/26/15 (7B) does not provide a rationale for the current request. The MTUS Guidelines do not address ROM testing. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. There is no documentation in the reports provided to indicate the medical necessity for a separate procedure for ROM testing outside of the standard routine part of a physical examination. Therefore, the request is not medically necessary.