

Case Number:	CM15-0050999		
Date Assigned:	03/24/2015	Date of Injury:	09/28/2012
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The injured worker is a 63 year old female, who sustained an industrial injury on 09/28/2012 reporting left knee pain. On provider visit dated 12/03/2014 the injured worker has reported pain and tingling along the medial border of the left knees as well as aching and numbness of the left foot. She was also noted to have pain in the cervical, thoracic and lumbar region of the spine. The diagnoses have included unspecified internal derangement of knee. Treatment to date has included left knee surgery, MRI's, psychiatric evaluation, and physical therapy. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. Such MRI finding meets the MTUS criteria for surgical consultation or follow up. This include "severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms." Therefore, the injured worker has not reached Maximal Medical Improvement (MMI).

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. 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 09/28/2012. The medical records provided indicate the diagnosis of unspecified internal derangement of knee. Treatments have included left knee surgery, MRI's, psychiatric evaluation, and physical therapy. The medical records provided for review do not indicate a medical necessity for Functional Capacity Evaluation. The Lumbar MRI report of 02/06/2015 indicate the injured worker complained of low back pain radiating down both legs, muscle weakness, impaired balance. The MRI noted multilevel level disc herniation and degeneration, with displacement of nerve exiting L5 nerve roots. The MTUS does not have detailed discussion on Functional Capacity Evaluation; therefore, the Official Disability Guidelines was used. The criteria for FCE include: 1) Case management is hampered by complex issues such as: Prior unsuccessful Return to work Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. Also, the Official Disability Guidelines recommends job specific FCE rather than general FCE. The request is not medically necessary since the injured worker has not reached maximum medical improvement; the request is not specific to his job and is not medically necessary.