

Case Number:	CM15-0052111		
Date Assigned:	03/25/2015	Date of Injury:	03/24/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old female who sustained a work related injury on March 24, 2014, after a slip and fall injuring her back and knees. She was diagnosed with a lumbar sprain with disc protrusions and radiculopathy, bilateral knee sprain, left and right knee medial meniscus tears. Magnetic Resonance Imaging (MRI) and electromyogram studies were performed. Treatment included physiotherapy, acupuncture sessions and pain management. Currently, the injured worker complained of lower back and bilateral knee pain with numbness and tingling to the buttocks region. The treatment plan that was requested for authorization included a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One 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 Treatment in Workers' Compensation, Online Edition Chapter: Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 132-139.

Decision rationale: ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139 indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or has had modified work responsibilities. Thus, an FCE would not be helpful. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.