

Case Number:	CM15-0057184		
Date Assigned:	04/02/2015	Date of Injury:	08/05/2011
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 08/05/2011. He reported injuries to his lower back and right knee. The injured worker is currently diagnosed as having lumbar spondylosis with myelopathy, tear of medial meniscus of the right knee, bursitis of the right knee, and chondromalacia patella of the right knee. Treatment to date has included knee brace, right knee MRI, lumbar spine MRI, right knee surgery, and medications. In a progress note dated 02/19/2015, the injured worker presented with complaints of right knee, lumbar spine, and left knee pain. The treating physician reported requesting authorization for a functional improvement measure through a functional capacity evaluation. A request for authorization dated 02/19/2015 noted a request for follow up visit with range of motion measurement and addressing activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified Functional Capacity Evaluation for Lower Back and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts. b. Conflicting medical reporting on precaution and/or fitness for modified jobs. c. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. A. Close or at MMI/all key medical reports secured. B. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.

Follow-Up Visit (or Equivalent) with Range of Motion Measurement and Addressing ADLs (activities of daily living): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: The ACOEM section on general principles states the need for routine follow up exam for evaluation and reassessment of progress. However, the question is whether separate services are needed for ROM evaluation and assessment of ADL function. This should be a part of routine follow up and reevaluation and therefore are not medically necessary as separate issues. Therefore, the request as stated is not medically necessary.