

Case Number:	CM14-0119714		
Date Assigned:	08/06/2014	Date of Injury:	04/23/2013
Decision Date:	10/06/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old female who was reportedly injured on April 23, 2013. The mechanism of injury is noted as twisting her knee and falling. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of ankle pain and low back pain radiating to the left lower extremity. Current medications include gabapentin, Norco, Xanax, Wellbutrin and Ambien. The physical examination demonstrated a mildly antalgic gait. There was tenderness over the lumbar spine paraspinal muscles with myofascial trigger points identified on the left. There was full lumbar spine range of motion. A neurological examination revealed decreased motor strength of 4/5 with left hip flexion and left knee flexion. Diagnostic imaging studies of the lumbar spine revealed disc space narrowing at L1 - L2 and a broad-based disc bulge at L4 - L5 resulting in impingement of the exiting left-sided L4 and L5 nerve roots. Previous treatment includes a lumbar spine epidural steroid injection and a sacroiliac joint injection as well as physical therapy and oral medications. A request was made for a functional capacity evaluation and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE) for lumbar spine and right knee and ankle, as outpatient: 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 Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation is only indicated if there have been previously unsuccessful return to work attempts or if the injured employee is stated to be close to or at maximum medical improvement. The most recent progress note dated June 27, 2014, does not indicate that the injured worker has had difficulty returning to work and additional conservative treatment is continue to be recommended. For these reasons, this request for a Functional Capacity Evaluation (FCE) for lumbar spine and right knee and ankle, as outpatient is not medically necessary and appropriate.