

Case Number:	CM14-0191879		
Date Assigned:	11/25/2014	Date of Injury:	10/26/2008
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 61 year old female with an injury date of 10/26/08. Based on the progress report dated 10/27/14, the patient is status post two surgeries in the left knee and one surgery in the right knee (dates not provided). Presently, the patient complains of continued pain in her knees. The pain worsens with prolonged walking or standing. Physical evaluation reveals tenderness to palpation along the anterior joint line in the bilateral knees. There is tenderness to palpation in the medial aspect of the left knee as well. In progress report dated 09/19/14, the patient complains of continued pain in low back and knees. Physical examination reveals tenderness to palpation in lumbar area well. The diagnoses includes thoracic and lumbar sprain/strain and lumbosacral or thoracic neuritis or radiculitis. Glucosamine is helping with joint movement and also relies on knee supports to manage pain, as per progress report dated 10/27/14. The patient completed acupuncture which was very helpful in managing her neuropathic pain, as per progress report dated 09/19/14. She also uses Tramadol for pain, as per progress report dated 09/17/14. The patient is currently not working, and her status has been determined as permanent and stationary, as per progress report dated 10/27/14. Diagnoses, 10/27/14:- Injury to Knee, Leg or Ankle- Post-operative chronic pain- Sleep disturbance, unspecified- History of diabetes- HTN, NOSThe request is for FUNCTIONAL CAPACITY EVALUATION. The utilization review determination being challenged is dated 11/12/14. The rationale - no specific rationale was provided. Treatment reports were provided from 06/24/14 - 10/27/14.

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 (ODG); ACOEM Practice Guidelines, pages 137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 137-139, Functional capacity evaluation

Decision rationale: The patient is status post two surgeries in the left knee and one surgery in the right knee (dates not provided), as per progress report dated 10/16/14. Currently, the patient presents with pain in low back and knees, as per progress report dated 09/19/14. The request is for FUNCTIONAL CAPACITY EVALUATION. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has undergone two surgeries in the left knee and one surgery in the right knee and complains of continued pain in low back and knees. Progress report dated 10/16/14 states that the "patient not working." The treater does not indicate the need for FCE. There is no discussion about prior evaluations as well. ACOEM guidelines clearly state that FCE does not predict a patient's ability to perform in the workplace. Additionally, the progress reports do not mention a request from the employer or claims administrator. This request is not medically necessary.