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| Case Number: | CM14-0196059 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 01/03/2013 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of January 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; viscosupplementation injections; a cane; unspecified amounts of aquatic therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for a functional capacity evaluation. The applicant's attorney subsequently appealed. In a September 3, 2014 progress note, the applicant was given work restrictions, which included no kneeling, squatting, or stooping, owing to ongoing complaints of knee and leg pain. It did not appear that the applicant was working with said limitations in place. In an August 27, 2014 progress note, the applicant received viscosupplementation injections for 7/10 knee pain. The applicant was given refills of various topical compounded medications. Work restrictions were endorsed, although it did not appear that the applicant was working. The applicant exhibited a visible limp. On August 28, 2014, the applicant reported ongoing complaints of knee, leg and sacroiliac joint pain. Norco, Voltaren gel and Lyrica were refilled. The applicant was asked to consult a psychiatrist owing to issues with panic attacks. The applicant's work status was not clearly outlined on this occasion, although it did not appear that the applicant was working.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 acknowledges that a functional capacity evaluation can be considered when necessary to translate medical impairment into limitations and restrictions, in this case, however, it did not appear that the applicant has a job to return to. No clear rationale for the proposed functional capacity evaluation was articulated in any of the progress notes provided. It was not clearly stated why FCE testing was being sought here. It did not appear that the applicant was intent on returning to work and/or had a job to return to. It was not clearly stated, in short, why a functional capacity testing was sought in the clinical and vocational context present here. Therefore, the request is not medically necessary.