MAXIMUS Federal Services

Case Number:	CM14-0213707		
Date Assigned:	12/31/2014	Date of Injury:	04/08/2014
Decision Date:	02/28/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male with date of injury 4/8/14, sustained while he was getting off of an [redacted] compactor vehicle. The treating physician report dated 11/25/14 (184) indicates that the patient presents with pain affecting the low back, left ankle and the bilateral knee. The physical examination findings reveal a restricted range of motion of the lumbar spine. The patient is unable to perform a heel or toe walk. Further examination of the bilateral knee reveals tenderness of the left patellar and pain of the left knee during extension and flexion. The patient has a palpable slight widening of the Achilles as well as minimal tenderness. Prior treatment history includes physical therapy, and prescribed medications of Lisinopril, Simvastatin, Glipizide, Metoprolol, Hydrocodone, and Ibuprofen. X-Ray findings reveal the patient has degenerative disc disease and degenerative joint disease at multiple levels from L3-4, L4-5, and L5-S1 bilaterally. The current diagnoses are: 1. Left posttraumatic Achilles tendon chronic tear2. 20% loss of power of the left gastrocnemius and triceps tendon, as well as muscle complex3. Left knee pain secondary to overuse and limp4. Lumbar pain secondary to limp superimposed on #55. Pre-existing degenerative disc disease and degenerative joint disease of L3 though S1 bilaterally6. Left ankle pain secondary to limp7. Anxiety and depressionThe utilization review report dated 12/13/14 (258) denied the request for Functional capacity evaluation based on a lack of medical necessity.

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, Fitness for Duty

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) ACOEM chapter 7, pages 137-138.

Decision rationale: The patient presents with pain affecting the low back, left ankle and the bilateral knee. The current request is for Functional capacity evaluation. The treating physician report dated 11/25/14 (203) states "In about 5 weeks, I am having the patient to go through a Functional Capacity Evaluation to see what his actual capabilities are. My estimate for him to return to work is about 10 weeks of therapy." The MTUS Guidelines do not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support functional capacity evaluations unless the employer or claims administrator makes the request following the treating physician making work restriction recommendations. ACOEM states, "The examiner is responsible for determining whether the impairment results in functional limitations andto inform the examinee and the employer about the examinee's abilities and limitations.The physician should state whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." In this case, the patient is no longer employed as of 4/8/14 (184), and there is no documentation that any administrator or employer is requesting a functional capacity evaluation of the patient. Furthermore, the patient has not expressed any desire to return to work in the documents provided nor has the physician requested that the patient participate in a functional restoration program which would require an FCE. The current request does not satisfy the ACOEM guidelines as outlined on page 137. Recommendation is for denial.