

Case Number:	CM15-0111504		
Date Assigned:	06/17/2015	Date of Injury:	04/11/2005
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female injured worker suffered an industrial injury on 04/11/2005. The diagnoses included left knee strain, compensatory right knee pain, chronic lumbar strain, and chronic left shoulder strain/impingement. On 4/15/2015, the treating provider reported occasional pain in the left knee following total knee replacement. It was reported the right knee was 60% improved with surgery and therapy and reported occasional pain. She reported no improvement in the low back pain with constant numbness and tingling in the legs. The left shoulder had constant severe pain. The treatment plan included Functional capacity evaluation.

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 American College of Occupational and Environmental Medicine, 2nd edition, Chapter 7 Independent Medical Examinations and Consultations, page 132-138.

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, p64.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for low back, left shoulder, and bilateral knee pain. When seen, her BMI was over 40. There was bilateral shoulder and lumbar spine tenderness with decreased range of motion. There was a waddling gait. She had knee tenderness with positive patellar compression testing. She was determined to be at maximum medical improvement. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, the claimant is at maximum medical improvement and no new treatment is being planned. She has work restrictions and is only 54 years old. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is considered medically necessary.