

Case Number:	CM15-0111878		
Date Assigned:	06/18/2015	Date of Injury:	11/18/2014
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/10/2015

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 injured worker (IW) is a 47 year old male who sustained an industrial injury on 11/18/2014. He reported a fall in which he injured his back and left knee. The injured worker was diagnosed as having lumbar radicular syndrome and left knee strain with osteoarthritis. Treatment to date has included physical therapy, MRI, and evaluation by an orthopedic specialist. Currently, the injured worker complains of weakness and swelling in his left and ankle with complaint of the knee/ankle giving away. The worker has history of back surgery prior to this injury. Standing examination of the spine revealed a leveled pelvis. Lumbar flexion was 80 degrees, extension was 10 degrees, right and left lateral bending was 15 degrees, right and left lateral rotation is 75% of normal. Deep tendon reflexes were symmetric, motor power is 5/5 in all muscle groups, straight leg raising was positive on the left at 70 degrees and negative on the right at 80 degrees on the right. X-rays of the lumbar spine showed mild facet changes and what appeared to be multiple compression fractures at the thoracolumbar junction with associated osteophyte lapping. MRI scan of his left knee from 12/21/2014 notes tendinosis of the patellar tending, chondromalacia of the central femoral trochlear and an intrasubstance degenerative tear of the posterior horn of the medial meniscus. The treatment plan included MRI of the lower back and work restrictions. A request for authorization was made for a Function Capacity Evaluation between 05/26/2015 and 07/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Function capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations Official Disability Guidelines (ODG), fitness for duty, FCE.

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, p63-64.

Decision rationale: The claimant sustained a work-related injury in November 2014 and continues to be treated for radiating low back pain and left knee pain due to OS. When seen, he had completed 17 physical therapy treatments. There was patellofemoral crepitus with an otherwise normal examination. The claimant did not feel able to perform activities such as kneeling or walking on uneven ground. Additional physical therapy was requested. Work restrictions were continued. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional physical therapy treatments. He has reported difficulty with activities including kneeling which would be consistent with physical examination findings of patellofemoral crepitus. His walking capability may improve with completion of physical therapy and an ongoing home exercise program. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.