

Case Number:	CM15-0118122		
Date Assigned:	06/26/2015	Date of Injury:	10/10/2010
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 is a 50 year old female, who sustained an industrial injury on October 10, 2010, incurring low back and left knee and left ankle injuries after twisting her ankle and falling. She was diagnosed with lumbosacral lordosis, disc herniation, lumbar radiculopathy, left knee arthropathy, reflex sympathetic dystrophy of the lower limb and lumbar disc disease. Lumbar Magnetic Resonance Imaging revealed disc bulging, lumbosacral lordosis and facet sprain. Treatments included diagnostic imaging, acupuncture, chiropractic sessions, physical therapy, pain medications, lumbar epidural steroid injection, knee steroid injections, Electromyography studies and work restrictions and modifications. Currently, the injured worker complained of continued low back pain and left knee pain. It was noted there was decreased range of motion of the lumbar spine and tenderness on palpation and limited range of motion of the knee. The treatment plan that was requested for authorization included one initial evaluation for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Initial evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: CA MTUS/ACOEM Guidelines regarding Functional Capacity Evaluations state that a number of functional assessment tools are available, including Functional Capacity Examinations when reassessing function and functional recovery. In this case, the claimant complains of low back and left knee pain. She is currently on work restrictions. The documentation submitted does not describe a specific job duty and whether or not the claimant is capable of performing the duties, so it is unclear what job she is to be assessed for. In addition, there is no evidence of a significant loss of the ability to function independently, one of the criteria for a Functional Restoration program. Thus the request is deemed not medically necessary or appropriate.