

Case Number:	CM15-0118456		
Date Assigned:	06/26/2015	Date of Injury:	12/30/2014
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
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

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 74 year old male who sustained an industrial injury on 12/30/14 as a result of a cumulative trauma. He was evaluated for complaints of pain in the right lower extremity, was placed on work restrictions, was harassed and developed anxiety and stress. He currently complains of daily intermittent sharp right knee pain with clicking, popping and locking with resulting loss of balance; sharp intermittent right ankle and foot pain and his ankle gives out with loss of balance. He has difficulty with activities of daily living involving stair climbing, standing and walking for prolonged period of time. When the pain is severe he has problems with basic self-care. His gait is altered and he has sleep difficulties due to pain. Over the counter medications provide temporary relief. On physical exam of the lumbar spine there was tenderness and spasm in the paravertebral muscle; there was pain with range of motion of the right hip; there was medial and lateral joint tenderness of the right knee; there was tenderness over the medial and lateral malleolus bilaterally. Medications were Aleve, Tylenol ES. Diagnosis was chronic nonmalignant pain of the right knee and right ankle, rule out tendinitis/ bursitis. Treatments to date include medications; physical therapy. Diagnostics included x-rays of the right knee (no date) showing complete collapse of joint space on medial aspect of the joint capsule with osteoarthritic changes and osteophytes in the patella; x-rays of the right ankle (no date) show osteoarthritic changes; x-rays of the right foot (no date) showing osteoarthritic changes. In the progress note dated 5/11/15 the treating provider's plan of care included a request for functional capacity evaluation to systemically document the current physical disabilities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One functional capacity evaluation related to the trunk and lower extremities, as an outpatient: 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): 21-22.

Decision rationale: The MTUS/ACOEM Chapter on the General Approach to the Initial Assessment and Documentation of an Occupational Injury, addresses the need for a functional capacity evaluation. These guidelines state the following: In assessing acute or subacute complaints, the occupational health practitioner should first exclude conditions that could threaten life or limb if not diagnosed and treated emergently or urgently. The recommended process is therefore to: Seek red flags for potentially dangerous underlying conditions. In the absence of red flags, work-related complaints can be handled safely and effectively by occupational and primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified or full-duty capacity. Evaluation and treatment generally can proceed in the acute phase without special studies because the findings from such studies seldom alter treatment. The content of the evaluation may: Relate to the demands of the job in question. Relate specifically to the employee's medical condition (if there is a question that the medical condition may adversely affect the employee's ability to perform the essential job functions). Include understanding and documentation of the employee's disabling medical condition. Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. Consider the need for rehabilitation. Include consultation with the employee's treating physician when a difference of opinion arises regarding the employee's functional capacities, after obtaining the employee's written permission. A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. In this case, the medical records do not provide any evidence of red flag signs or symptoms which would warrant further investigation for a potentially serious underlying condition. In the absence of these red flags, the MTUS Guidelines do not support the need for a specific functional capacity evaluation. Specifically, the above cited guidelines state: "In the absence of red flags, work-related

complaints can be handled safely and effectively by occupational and primary care providers. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified or full-duty capacity. Evaluation and treatment generally can proceed in the acute phase without special studies because the findings from such studies seldom alter treatment." For these reasons, a functional capacity evaluation related to the trunk and lower extremities as an outpatient is not considered as medically necessary.