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| Case Number: | CM15-0125727 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 05/23/2011 |
| Decision Date: | 08/06/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: 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 58-year-old male who sustained a work related injury May 23, 2011, to his left shoulder and right knee. Past history included asthma, hypertension, left knee arthroscopic surgery 2004 following a sports injury, lumbar spine surgery August 2012, and left total knee replacement November 2013. An initial orthopedic report, dated September 4, 2014, found the injured worker complaining of persistent right knee pain with locking, catching and instability, as well as left shoulder pain and weakness, exacerbated by overhead activities. Diagnoses were documented as clinical evidence of medial meniscus tear of the right knee with patellofemoral instability and left shoulder rotator cuff tear. According to a re-examination report, dated June 1, 2015, the injured worker presented with bilateral knee pain and low back pain. Physical examination was documented as global tenderness about his bilateral knees and lumbar spine. X-rays of the lumbar spine (three views) and thoracic spine (three views) show loss of lumbar lordosis. Diagnoses are disc herniation of the lumbar spine L5-S1, s/p fusion; osteoarthritis of the knee, s/p left knee arthroplasty with arthrofibrosis and torn medial meniscus. Treatment plan included urine toxicology screen, prescription for Norco and at issue, a request for authorization for a 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 ACOEM chapter 7, page 132-139, ODG Fitness for Duty (updated 4/27/2015) - online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: A. Prior unsuccessful RTW attempts. B. Conflicting medical reporting on precaution and/or fitness for modified jobs. C. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate: A. Close or at MMI/all key medical reports secured. B. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.