

Case Number:	CM15-0174354		
Date Assigned:	09/16/2015	Date of Injury:	06/16/2010
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: Emergency Medicine

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 53 year old female with an industrial injury dated 06-16-2010. A review of the medical records indicates that the injured worker is undergoing treatment for sprain and strain of lumbar region, lumbar spine neuritis or radiculitis, internal derangement of the knee not otherwise specified, current tear of lateral and medial cartilage or meniscus of knee, bicipital tenosynovitis, shoulder impingement, bursitis rotator cuff syndrome, and knee strain. Treatment consisted of diagnostic studies, prescribed medications, knee brace, and periodic follow up visits. According to the progress note dated 06-18-2015, the injured worker reported pain in the bilateral knees, neck and bilateral shoulder. The injured worker rated pain a 7 out of 10 at worst, at best and on average. The injured worker reported difficulty with activities of daily living. The injured worker also reported interference with sleep, mood, ability to concentrate, relationships with others and enjoyment of daily life. Objective findings (06-18-2015) revealed antalgic gait on the right, moderate effusion of bilateral knees with crepitus, tenderness to palpitation of medial and lateral joint line and bicep tendons. Trigger points in the splenius capitis, gluteus maximus, quadratus lumborum and bilateral lumbosacral region were also noted on exam. Motor strength revealed mild weakness in bilateral knees. As of 06-18-2015, the injured worker work status was full duty. The treating physician prescribed services for one functional capacity evaluation, now under review. Utilization Review determination on 08-06-2015 denied the request for one functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Practice Guidelines 2nd Edition Chapter 7 Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The requested 1 functional capacity evaluation, is not medically necessary. CA MTUS The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "There is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has reported interference with sleep, mood, ability to concentrate, relationships with others and enjoyment of daily life. Objective findings (06-18-2015) revealed antalgic gait on the right, moderate effusion of bilateral knees with crepitus, tenderness to palpitation of medial and lateral joint line and bicep tendons. Trigger points in the splenius capitis, gluteus maximus, quadratus lumborum and bilateral lumbosacral region were also noted on exam. Motor strength revealed mild weakness in bilateral knees. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, 1 functional capacity evaluation is not medically necessary.