

Case Number:	CM15-0031174		
Date Assigned:	04/22/2015	Date of Injury:	09/18/2014
Decision Date:	05/21/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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 45-year-old female who sustained an industrial injury on 09/18/2014 due to a fall. Diagnoses include lumbar spine radiculopathy and right knee internal derangement. Treatment to date has included medications, physical therapy, heat/ice and extracorporeal shockwave therapy. Diagnostics included x-rays and MRIs. According to the Doctor's First Report of Occupational Injury or Illness dated 3/11/15, the injured worker reported lumbar spine and right knee pain, which was not improved by physical therapy. A request was made for an initial Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 initial functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter.

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluation may be considered if case management is hampered by complex issues such as prior unsuccessful return to work or if timing is appropriate such as the injured worker being close or at MMI (Maximum Medical Improvement). In this case, there is no evidence that case management is hampered by complex issues such as prior unsuccessful return to work. In addition, the injured worker has undergone a prior Functional Capacity Evaluation on 11/7/14. The request for 1 initial functional capacity evaluation is not medically necessary and appropriate.