

Case Number:	CM15-0092742		
Date Assigned:	05/19/2015	Date of Injury:	09/02/2014
Decision Date:	06/22/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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: Preventive Medicine, Occupational 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 (IW) is a 46-year-old female who sustained an industrial injury on 09/02/2014. She reported leg pain. The injured worker was diagnosed as having a hip injury, a fall from a high man made structure from an undetermined cause, and sciatica neuralgia. Treatment to date has included a diagnostic MRI of the right hip without contrast that indicated a mild strain of the origin of the hamstring tendons, and bursitis. Currently, the injured worker complains of continuous sharp and stabbing neck pain with pain radiating to the upper back and head rated a 10/10. The pain is increased when turning the head side to side, flexing or extending the head and neck, reaching or lifting and with prolonged sitting and standing. She also complains of continuous sharp low back pain with pain radiating to the bilateral lower extremities to the feet. This pain is rated a 9 on a scale of 1-10 with an increase when prolonged standing, twisting, walking, lifting, bending, stooping, squatting, and lying down on the back. The pain is accompanied with numbness, tingling and burning sensation. She complains of continuous sharp right hips/thigh pain. The pain varies throughout the day but she gives it a level of 9 on a scale of 1-10. She also complains of continuous sharp right ankle pain that varies during the day but is rated a 9 on a scale of 10 and radiates to the toes. The pain increases with prolonged standing, walking, placing weight on it, and walking up or down the stairs. The pain is associated with numbness and tingling as well as swelling in the foot. Rest helps relieve all the areas of pain. On examination, the worker has pain with passive internal rotation of the hip and range of motion of the hip is decreased due to pain in all planes. Range of motion of the lumbar and cervical spine is decreased due to pain in all planes. Treatment has included oral medications. A request is submitted for a MRI (magnetic resonance imaging) Right Ankle & Hip, and a FCE (functional capacity evaluation) Lumbar spine, and FCE (functional capacity evaluation) Right Hip & Right Ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Ankle & Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle chapter - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, 375.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI for disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Table 14-5 indicates that MRI may identify and define ligament tear, tendinitis, and neuroma, however physical examination is more useful. There are no red flags listed in the available documentation that would warrant a MRI of the ankle. Additionally, the injured worker has had a previous MRI of the right hip and there is no documentation of a new injury or worsening condition that would warrant a repeat MRI of the right hip. The request for MRI (magnetic resonance imaging) right ankle & hip is determined to not be medically necessary.

FCE (functional capacity evaluation) Lumbar spine: 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 - Guidelines for performing an FCE (functional capacity evaluation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria is met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for FCE (functional capacity evaluation) lumbar spine is determined to not be medically necessary.

FCE (functional capacity evaluation) Right Hip & Right Ankle: 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 - Guidelines for performing an FCE (functional capacity evaluation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Section Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG provides criteria for when a functional capacity evaluation may be utilized. These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria is met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for FCE (functional capacity evaluation) Right Hip & Right Ankle is determined to not be medically necessary.