

Case Number:	CM15-0099418		
Date Assigned:	06/01/2015	Date of Injury:	03/07/2015
Decision Date:	07/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 3/7/15. She subsequently reported head, bilateral knee and back pain. Diagnoses include cervical and lumbar sprain and strain. Treatments to date include prescription pain medications and physical therapy. The injured worker continues to experience ongoing thumb pain, back pain and weakness. Upon examination, the injured worker had an antalgic gait, decreased and painful range of motion and tenderness of cervical and lumbar paraspinal muscles. A request for functional capacity evaluation, MRI of the left knee without contrast and physical therapy for the bilateral knees was made by the treating physician.

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 Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Work conditioning, work hardening; Low Back - Lumbar & Thoracic, Work conditioning, work hardening; Knee & Leg (Acute & Chronic), Work conditioning, work hardening; Neck & Upper Back (Acute & Chronic), Work conditioning, work hardening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient presents with pain and weakness in her left thumb, lower back, and lower extremity. The request is for FUNCTIONAL CAPACITY EVALUATION. RFA is dated on 04/16/15. Regarding the work status, the treater states that [the patient] is not able to perform usual work. The one hand-written report provided by the treater on 04/16/15 contains little information regarding the patient's condition, treatment history, medication, etc.. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation (FCE), ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. In this case, the treater does not explain why FCE is crucial and the request is not generated by the administrator or the employer. Routine FCE's are not recommended as these do not predict the patient's actual capacity to work. Given the lack of the guidelines support for functional capacity evaluation, the request IS NOT medically necessary.

MRI of the left knee without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg Chapter, MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with pain and weakness in her left thumb, lower back, and knees bilaterally. The request is for MRI OF THE LEFT KNEE WITHOUT CONTRAST. RFA is dated 04/16/15. Regarding the work status, the treater states that [the patient] is not able to perform usual work. MTUS guidelines do not discuss MRI. ODG guidelines, Knee Chapter under MRI's (Magnetic Resonance Imaging), states, do not recommend it unless there are soft-tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption. ODG does support it for post-operative evaluation of cartilage repair. There is only one report provided from 04/16/15 which is hand-written and difficult to interpret. The patient is diagnosed with bilateral knee pain R/O DJD and there are no other objective findings provided. The treater does not explain why MRI of the left knee is being requested. There is no documentation of any prior MRI of the left knee the patient may have had. In this case, there are no exam findings showing soft-tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption. The request IS NOT medically necessary.

Physical Therapy for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in her left thumb, lower back, and lower extremity. The request is for PHYSICAL THERAPY FOR THE BILATERAL KNEES. RFA is dated on 04/16/15. Regarding the work status, the treater states that [the patient] is not able to perform usual work. The one hand-written report provided by the treater on 04/16/15 contain little information regarding the patient's condition, treatment history, medication, etc.. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient appears to have not tried physical therapy since she was injured on 03/07/15. A short course of physical therapy may be reasonable to address the patient's knee pain and symptoms. However, the treater does not indicate how many sessions are being requested. Since MTUS recommends 9-10 sessions only for this type of condition, a request without the number of sessions cannot be considered. The request IS NOT medically necessary.