

Case Number:	CM13-0013506		
Date Assigned:	03/26/2014	Date of Injury:	01/05/2011
Decision Date:	08/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51 year old female who was injured on 01/05/2011. She sustained an injury to her left knee. Prior treatment history has included she received physical therapy and management including a lumbar injection. Medication history included Tramadol 50 mg, Omeprazole 20 mg and Naproxen 50 mg. Her treatment included leg stretching, exercises, and acupuncture for the back. The patient underwent an anterior cruciate ligament reconstruction of the left knee; Left knee diagnostic arthroscopy, Left knee arthroscopic partial medial and lateral meniscectomy; left knee arthroscopy with major synovectomy; left knee arthroscopically assisted ACL reconstruction. Diagnostic studies reviewed include X-ray of the left shoulder from note dated 08/26/2013 revealed: 1) Concentric reduction of glenohumeral joint with a type II acromion. 2) X-rays of the lumbar spine from note dated revealed narrowing and sclerosis at L5-S1 with L5-S1 facet arthropathy, right greater than left. There was no evidence of spondylosis, spondylolisthesis, fracture, dislocation or loss of motion segment integrity. 3) X-rays of the right hip from note dated 08/26/2013 revealed evidence of degenerative joint disease with mid acetabulararthrosis and cyst formation of the femoral head. 4) X-rays of the left knee from note dated 08/26/2013 revealed evidence of tibial and femoral screws. MRI of the left knee performed on 07/18/2012 revealed: 1) A complete tear of the proximal aspect of the anterior cruciate ligaments with an appearance compatible with a subacute or chronic tear. 2) Evidence of prior partial medial and lateral meniscectomy without evidence of re-tear. 3) Vertical fissure of the medial patellar cartilage at the level of the mid-patella cartilage at the level of the mid-patella. 4) Small popliteal cyst, 3.8 cm superior-inferior. PR2 dated 08/26/2013 documented the patient to have complaints of lumbar tense heavy feeling with stabbing pain and stiffness. She complained of a constant dull left knee pain stretching sensation and pain that radiated to the right mid thigh. She also complained of a right hemipelvis trochanteric pain that was constant with moderate

stiffness. There was a moderate to severe constant coccygeal pain. PR2 dated 08/08/2013 documented the patient to have complaints of pain which she rated at 7-8/10. Range of motion since the last office visit remained unchanged. The patient was not working. The strength was unchanged since the last visit. Physical therapy did improved symptoms for the patient. S/P left knee arthroscopy 06/01/2013. Objective findings on exam revealed tenderness felt on palpation of the upper back, mid back, neck, left upper extremity and left lower extremity. The back range of motion for thoracic spine showed abnormal findings. The range of motion for the lumbar spine was within normal limits. There was effusion. The left knee McMurray's test was positive on the left side; Apley's test was positive on the left side. The patient was advised to remain off work until 09/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FUNCTIONAL CAPACITY EVALUATION DOS:11/20/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: This request is for retrospective review of a DOS: 11/20/2012 FCE. The medical records do not establish that a functional capacity evaluation was medically necessary for the management of this patient. The medical records do not reveal any failed return to work attempts, document conflicting medical reporting on precautions or fitness to perform modified job duties, or indicate she has injuries that required detailed exploration of her abilities. In addition, patient had undergone knee surgery, and continued with persistent knee pain and limitations, she was not considered at/near MMI at that time. The patient was not a candidate for a work hardening program. Consequently, the medical necessity of a functional capacity evaluation had not been established. The retrospective request for an FCE is not supported by the evidence-based guidelines, and is not recommended.