

Case Number:	CM13-0023157		
Date Assigned:	03/19/2014	Date of Injury:	02/03/2012
Decision Date:	05/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational 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 56-year-old male with a 2/3/12 date of injury, who underwent total knee replacement in May of 2012. His subjective complaints include left knee pain associated with popping and sensation of giving way and instability, and objective findings include antalgic gait, medial and lateral joint line tenderness over the left knee, decreased left knee range of motion, and positive Spring sign over the left knee. His current diagnoses include status post left total knee replacement, post traumatic arthritis, anxiety, and insomnia, and treatment to date has been total knee replacement, physical therapy, and medications.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CHAPTER 7 INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 137-138

Decision rationale: The ACOEM guidelines state that functional capacity evaluations (FCEs) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. The Official Disability Guidelines state that an FCE may be recommended with documentation indicating that case management is hampered by complex issues (prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities), and the timing is appropriate (close to or at maximum medical improvement, all key medical reports secured and additional, and secondary conditions have been clarified). Within the medical information available for review, there is documentation of diagnoses of status post left total knee replacement, post traumatic arthritis, anxiety, and insomnia. However, there is no documentation indicating case management is hampered by complex issues and that the timing is appropriate. Therefore, based on guidelines and a review of the evidence, the request for functional capacity evaluation is not medically necessary.